

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR -5 PM 1:25

**DOCUMENT #**

1. Entity Name *STAR OF ORLANDO*  
*PO 3000107344*

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**3. Mailing Address**

*8815 CORROD WINDERMERE RD.*

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*# 154*

City & State

City & State

*ORLANDO, FL*

Zip

Country

Zip

Country

*32835*

*USA*

**4. FEI Number**

Applied For

*56-246-0775*

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

*CRUZ E. CASTILLO*

Street Address (P.O. Box Number is Not Acceptable)

*6220 S. ORANGE BLOSSOM TRAIL*

*Suite 175*

City

*ORLANDO*

**FL**

Zip Code

*32809*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3-5-04*

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>ELENA RISO</i> <i>8815 CORROD WINDERMERE RD</i> <i>ORLANDO, FL 32835</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>TYR POWELL</i> <i>8815 CORROD WINDERMERE RD</i> <i>ORLANDO, FL 32835</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SEC</i> <i>CRUZ CASTILLO</i> <i>6220 S. ORANGE BLOSSOM TRAIL STE 175</i> <i>ORLANDO, FL 32809</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200029955932</b> <b>03/05/04--01035--021 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with another like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-5-04*

CR2E034B (12/01)