2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all c

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE:

FILED May 24, 2002 8:00 am § Secretary of State P95000002439 DOCUMENT # 1. Entity Name REPRESENTACIONES CINCO ESTRELLAS. INC. 05-24-2002 91317 030 ***150.00 Principal Place of Business Mailing Address 9915 N.W. 66TH MANOR 9915 N.W. 66TH MANOR PARKLAND FL 33076 PARKLAND FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0592567 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STERN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 5580 A FEDERAL HIGHWAY **BOCA RATON FL 33487** Zip Code 8. The above named entity submits this state burpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of register agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE ☐ Delete TITLE STERN, RICHARD NAME NAME 5580 A FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. TITLE ☐: Change ---- ☐ Addition = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if

Daytime Phone #