

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
 06-06-2000 90488 035 ***150.00

DOCUMENT # P96000042948

1. Entity Name
 GOLD STAR DEVELOPMENT & MANAGEMENT COMPANY, INC.

Principal Place of Business 10849 Woodchase Circle Orlando, FL 32836	Mailing Address 10849 Woodchase Circle Orlando, FL 32836
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 7701 UNIVERSAL BLVD Suite, Apt. #, etc. ORLANDO City & State ORLANDO FL. Zip 32819 Country ORANGE
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4. FEI Number 59-3387126	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 Patel, Arvind
 10849 Woodchase Circle
 Orlando, FL 32836

7. Name and Address of New Registered Agent
 Name JAY. R. PATEL
 Street Address (P.O. Box Number is Not Acceptable) 7701 UNIVERSAL BLVD
 City ORLANDO FL Zip Code 32819

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 Patel JAY. R. PATEL 4/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patel, Arvind		NAME	Patel, Arvind	
STREET ADDRESS	4872 Cypress Woods Drive, Apt. 321		STREET ADDRESS	10849 Woodchase Circle	
CITY-ST-ZIP	Orlando, FL 32811		CITY-ST-ZIP	Orlando, FL 32836	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patel, Jay R.		NAME	Patel, Jay R	
STREET ADDRESS	4872 Cypress Woods Drive, Apt. 321		STREET ADDRESS	4515 Village Wood Drive	
CITY-ST-ZIP	Orlando, FL 32811		CITY-ST-ZIP	Orlando, FL 32835	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patel JAY. R. PATEL 4/22/00 407 497 9796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)