

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90026 037 ***150.00

DOCUMENT # P96000065089

1. Entity Name

UNIVERSAL FIVE STARS, INC.

Principal Place of Business

**420 SUMMIT RIDGE PLACE, #200
 LONGWOOD FL 32779**

Mailing Address

**420 SUMMIT RIDGE PLACE, #200
 LONGWOOD FL 32779**

2. Principal Place of Business

3295 SAFE HARBOR LANE

Suite, Apt. #, etc.

3. Mailing Address

3295 SAFE HARBOR LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE MARY FLORIDA

City & State
LAKE MARY FLORIDA

4. FEI Number
59-3393854

Applied For

Not Applicable

Zip
32746

Country
USA

Zip
32746

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYDERALI KHAKI

**420 SUMMIT RIDGE PLACE, #200
 LONGWOOD FL 32779**

Name
HAYDERALI KHAKI

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

3295 SAFE HARBOR LANE

City
LAKE MARY

FL

Zip Code
32746

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 **HAYDERALI KHAKI**

APRIL 15, 2002

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, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 KHAKI, HAYDERALI FIDAHUSSEIN
 420 SUMMIT RIDGE PLACE, #200
 LONGWOOD FL 32779** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 KHAKI, HAYDERALI FIDAHUSSEIN
 3295 SAFE HARBOR LANE
 LAKE MARY FL 32746** ☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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:

HAYDERALI KHAKI **APRIL 15, 2002** **407 330 5014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)