

2002 UNIFORM BUSINESS REPORT (UBR)

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0020138 AV

DOCUMENT # P96000080710

1. Entity Name
FIVE STARS MORTGAGE, INC.

FILED

02 OCT 11 PM 1:29

SECRETARY OF STATE
TREASURY, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5430 W 16TH AVE HIALEAH FL 33012 US	Mailing Address 5430 W 16TH AVE HIALEAH FL 33012 US
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2. Principal Place of Business 2500 NW 107 AVE Suite, Apt. #, etc. 304	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Miami	City & State
Zip 33178	Country USA

4. FEI Number 65-0699864	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL, MARLEN
5430 W 16 AVE
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
Jamillet Trimino
Street Address (P.O. Box Number is Not Acceptable)
2500 NW 107 AVE
Suite 304
City
Miami FL Zip Code
33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marlen Daniel DATE 10/9/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$550.00</p> <p>After September 13, 2002 Fee will be \$750.00</p> <p>Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DANIEL, MARLEN 5430 W 16 AVE HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DANIEL, JULIO C 5430 W 16 AVE HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Jamillet Trimino 2500 NW 107 AVE, Suite 304 Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Mathew Gentile 2500 NW 107 AVE, Suite 304 Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700008361667-5 -10/14/02--01059--001 ****335.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Marlen Daniel SIGNATURE REQUIRED

10/9/02 305 4696650

Date Daytime Phone #

CR2E034 (4/02)

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Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

Re: P96000080710

Dear Renewal Section:

As per my previous conversation with the renewal department, enclosed please find the 2002 Uniform Business Report along with payment of \$150.00 due to non-having the Divisions original request to renew.

Kindly advise should you need any additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'MD' or 'Marlen Daniel', written over a horizontal line.

Marlen Daniel