

2002 UNIFORM BUSINESS REPORT (UBR)

Page 152

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FILED

02 OCT 11 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000080714

1. Entity Name
FIVE STARS REALTY, INC.

Principal Place of Business

5420 W 16TH AVE
HIALEAH FL 33012
US

Mailing Address

5420 W 16TH AVE
HIALEAH FL 33012
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0699866

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARLEN, DANIEL
5420 W 16 AVE
HIALEAH FL 33012

Name

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

City

FL

Zip Code

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PS
NAME DANIEL, MARLEN
STREET ADDRESS 5420 W 16 AVE
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

TITLE
NAME 600008361756--7 ☐ Change ☐ Addition
STREET ADDRESS -10/14/02--01059--001
CITY-ST-ZIP *****335.00 *****150.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

10/9/02 3054696650

CR2E034 (4/02)

Pager

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

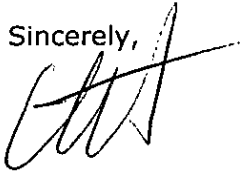
Re: P96000080714

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,



Marlen Daniel