

DOCUMENT # P97000032844

1. Entity Name
SOUTH STAR DEVELOPMENT, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90065 002 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7802 KINGPOINTE PKWY 7802 KINGPOINTE PKWY
104 104
ORLANDO FL 32819 ORLANDO FL 32819

2. Principal Place of Business 3. Mailing Address
7802 KINGPOINTE PKWY 7802 KINGPOINTE PKWY
Suite, Apt. #, etc. Suite, Apt. #, etc.
207A 207A

City & State City & State
ORLANDO FL ORLANDO FL

4. FEI Number 59-3444104 Applied For
Not Applicable

Zip Country Zip Country
32819 US 32819 US

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
DUARTE, BORBERTO R
446 WATER STREET
CELEBRATION FL 34747

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ DATE _____
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DUARTE-RODRIGUES, NORBERTO 446 WATER STREET CELEBRATION FL 34747 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORREA-MACEDO, JOSE CARLOS 7468 UNIVERSAL BLVD ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERROIRA, NELCY D 7468 UNIVERSAL BVD ORLANDO FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPES, CLAUBER 4840 CASON COVE DR #203 ORLANDO FL 32811 <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	 <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
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 an address with all other like information.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/01 407-248-2626
Date Daytime Phone #

CR2E034 (10/00)