

DOCUMENT # P97000032844

1. Entity Name
SOUTH STAR DEVELOPMENT, INC.

Principal Place of Business
7802 KINGPOINTE PKWY
104
ORLANDO FL 32819

Mailing Address
7802 KINGPOINTE PKWY
104
ORLANDO FL 32819

2. Principal Place of Business
7802 KINGPOINTE PKWY
Suite, Apt. #, etc.
207A
City & State
ORLANDO FL

3. Mailing Address
7802 KINGPOINTE PKWY
Suite, Apt. #, etc.
207A
City & State
ORLANDO FL

Zip
32819
Country
US

Zip
32819
Country
US

6. Name and Address of Current Registered Agent

DUARTE, BORBERTO R
446 WATER STREET
CELEBRATION FL 34747

4. FEI Number 59-3444104
Applied For
Not Applicable

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

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 _____
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, 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 PS
NAME DUARTE-RODRIGUES, NORBERTO
STREET ADDRESS 446 WATER STREET
CITY-ST-ZIP CELEBRATION FL 34747 ☐ Delete

TITLE VP
NAME CORREA-MACEDO, JOSE CARLOS
STREET ADDRESS 7468 UNIVERSAL BLVD
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE T
NAME FERROIRA, NELCY D
STREET ADDRESS 7468 UNIVERSAL BVD
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE S
NAME LOPES, CLAUBER
STREET ADDRESS 4840 CASON COVE DR #203
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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

01-10-2001 90065 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)