

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90244 009 ***150.00

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 AV

DOCUMENT # P97000032844

1. Entity Name

SOUTH STAR DEVELOPMENT, INC.

Principal Place of Business

**7802 KINGPOINTE PKWY
 207A
 ORLANDO FL 32819**

Mailing Address

**7802 KINGPOINTE PKWY
 207A
 ORLANDO FL 32819**

2. Principal Place of Business

7802 KINGPOINTE PKWY

Suite, Apt. #, etc.

105

3. Mailing Address

7802 KINGPOINTE PKWY

Suite, Apt. #, etc.

105

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. FEI Number

59-3444104

Applied For

Not Applicable

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

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

TITLE **PS** ☒ Delete
 NAME **DUARTE-RODRIGUES, NORBERTO**
 STREET ADDRESS **446 WATER STREET**
 CITY-ST-ZIP **CELEBRATION FL 34747**

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
 NAME **DUARTE, NORBERTO**
 STREET ADDRESS **446 WATER STREET**
 CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE **PS** ☒ Change ☐ Addition
 NAME **FERREIRA, NELCY**
 STREET ADDRESS **7802 KINGPOINTE PKWY**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

CLAUBER LOPES

04/22/02

407-345-8650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)