

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90124 027 ***150.00

DOCUMENT # P97000045858

1. Entity Name

JD FIVE STAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

598 N.W. 15 STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
POMPANO BEACH, FL

City & State

4. FEI Number
65-0764570

Applied For
☐ Not Applicable

Zip
33060

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GROSSFIELD, SERIL, ESQ.

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

8 S.E. 8 STREET

City FT. LAUDERDALE

FL

Zip Code
33316

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STD
NAME ABUZNAID, JIHAD
STREET ADDRESS 4147 INVERRARY DR. #710
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME ABUZNAID, RIAD
STREET ADDRESS 821 N.W. 6 STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME ABUZNAID, AHMAD
STREET ADDRESS 598 N.W. 15TH STREET
CITY-ST-ZIP POMPANO BEACH, FL 33060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
#P 970000 45858
W. B. D. Accounting, Inc.

10001 N.W. 50th Street
Suite 204
Sunrise, FL 33351

(954) 746-0156
Fax: (954) 746-7690

August 27, 2002

Division of Corporations
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

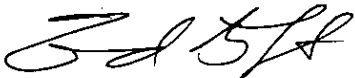
Re: JD FIVE STAR, INC.
EIN: 65-0764570

Dear Sir or Madam:

Please be advised that we represent the above referenced client. Upon review of our records, we found that our client never received his Uniform Business Report. Upon learning of this, our client called your office and was told to submit a Report with a \$150.00 fee and a letter requesting a one-time exemption of waiver for the reinstatement fee.

To this end, we enclose the UBR and check #584 for this amount. We thank you for your attention to this matter and for your indulgence in this case. If you have any questions, or need additional information, please contact us.

Very Truly Yours,
W.B.D. Accounting, Inc.



David B. Lanter, CPA

DBL:tb

Enclosures

cc: Client