

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000047464**

1. Entity Name

**STAR CLEANING & MAINTENANCE SERVICES, CORP.**

Principal Place of Business

4288 NW 4 ST  
MIAMI FL 33126  
US

Mailing Address

4288 NW 4 ST  
MIAMI FL 33126  
US

2. Principal Place of Business

3. Mailing Address

P.O BOX 652938

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AAI

City &amp; State

City &amp; State

MIAMI FLORIDA

Zip

Country

Zip

33265/2938

Country

DADE

4. FEI Number

65-0810891

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KOSTOVSKI, LLUBISA  
4288 NW 4 ST  
MIAMI FL 33126

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME GUTIERREZ, OSCAR  
STREET ADDRESS 4288 NW 4 ST  
CITY-ST-ZIP MIAMI FL 33126TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DV ☐ Delete  
NAME KOSTOVSKI, LLUBISA  
STREET ADDRESS 4288 NW 4 ST  
CITY-ST-ZIP MIAMI FL 33126TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90184 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)