

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91536 033 ***150.00

DOCUMENT # P97000094098

1. Entity Name
STAR SISTERS IMPORT/EXPORT INC.

Principal Place of Business
1535 N.W. 80TH AVE.
#B M.M.
MARGATE FL 33063

Mailing Address
7041 NW 40TH CT
CORAL SPRINGS FL 33065



2. Principal Place of Business
7041 NW 40th
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FLA
 Zip
33065
 Country
USA

City & State

4. FEI Number **65-0803998**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PEMEK, ANA
7041 NW 40TH CT
MARGATE FL 33065

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **MAIA, MARILIA**
 STREET ADDRESS **1535 N.W. 80TH AVE., #B M.M.**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **PENICK, ANA S** ☐ Change ☐ Addition
 NAME **7041 NW 40th**
 STREET ADDRESS **CORAL SPRINGS FL 33065**
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **PENICK, ANA S**
 STREET ADDRESS **2041 N.W. 40TH COURT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **STD** ☒ Delete
 NAME **MANLEY, MARIA C**
 STREET ADDRESS **11039 GLENWOOD DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED ANA PENICK 4/17/02 (754) 597 7885**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)