

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90142 024 ***150.00

DOCUMENT # P98000019554

1. Entity Name
5 STAR FLORIDA REALTY, INC.

Principal Place of Business

Mailing Address

~~127 BAREFOOT COVE~~
~~HYDOLUXO FL 33462~~

~~127 BAREFOOT COVE~~
~~HYDOLUXO FL 33462~~

2. Principal Place of Business

610 N DIXIE HWY

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0819613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARK, MICHAEL G ESQ.

~~127 BAREFOOT COVE~~

~~HYDOLUXO FL 33462~~

7. Name and Address of New Registered Agent

Name

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

610 N DIXIE HWY

City

LANTANA

FL

Zip Code

33462

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

MICHAEL G. PARK, ESQ.

3/18/02

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	DPT	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JON D	
STREET ADDRESS	127 BAREFOOT COVE	
CITY-ST-ZIP	HYDOLUXO FL 33462	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	PARK, MICHAEL G	
STREET ADDRESS	127 BAREFOOT COVE	
CITY-ST-ZIP	HYDOLUXO FL 33462	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FELDKAMP, JOE	
STREET ADDRESS	127 BAREFOOT COVE	
CITY-ST-ZIP	HYDOLUXO FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D, T, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, JON D	
STREET ADDRESS	610 N DIXIE HWY	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	D, VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	610 N DIXIE HWY	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDKAMP, JOSEPH	
STREET ADDRESS	610 N DIXIE HWY	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 561-582-4434 x206

Date

Daytime Phone #

0392971 AV

CR2E034 (9/01)