

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036566

1. Entity Name

NORTH STAR INTERIOR ENTERPRISES, INC.

Principal Place of Business

831 S.W. 130TH AVENUE
DAVIE FL 33325

Mailing Address

831 S.W. 130TH AVENUE
DAVIE FL 33325

2. Principa. Place of Business

3. Mailing Address

24 Holiday Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Venus, Fla.

Zip

Zip

33960

Country

Highlands

4. FEI Number

65-0837444

Applied for
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINNAN, MARK
831 S.W. 130TH AVENUE
DAVIE FL 33325

Name

KINNAN, Mark

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

24 Holiday Dr.

City

Venus

Zip Code
33960

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 reconstituting)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
KINNAN, MARK
831 S.W. 130TH AVENUE
DAVIE FL 33325

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
KINNAN, Mark
24 Holiday Dr.
Venus, FL 33960

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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Change

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

STATEMENT OF FEE

mark o. kinwan

Mark O. KINNAN

4/19/2001

(954) 560-9668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

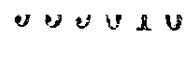
Date

Daytona Beach 4

2001

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90130 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)