

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036566

1. Entity Name

NORTH STAR INTERIOR ENTERPRISES, INC.

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

04-26-2001 90130 035 \*\*\*150.00

Principal Place of Business

Mailing Address

831 S.W. 130TH AVENUE  
DAVIE FL 33325

831 S.W. 130TH AVENUE  
DAVIE FL 33325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: KINNAN, Mark  
Street Address (P.O. Box Number is Not Acceptable):  
26 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 (Applicable)

(NOTE: Registered Agent's signature required when re-registering)

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 JAN 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 2001

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	PSTD KINNAN, MARK	831 S.W. 130TH AVENUE	DAVIE FL 33325	X Change	PSTD KINNAN, Mark	26 Holiday Dr.	Venus, FL 33960
				<input type="checkbox"/> Change			
				<input type="checkbox"/> Change			
				<input type="checkbox"/> Change			
				<input type="checkbox"/> Change			
				<input type="checkbox"/> Change			
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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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Mark O. Kinnan

Date: 4/19/2001 Daytime Phone: (954) 560-9665

CR2E034 (10/00)