

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063151

1. Entity Name

FIVE STAR INTERNATIONAL GROUP, INC.

Principal Place of Business

6160 N.W. 186 STREET  
APT 102  
MIAMI FL 33015

Mailing Address

6160 N.W. 186 STREET  
APT 102  
MIAMI FL 33015

2. Principal Place of Business

6995 NW 173 Dr. Unit 2106  
Suite, Apt. #, etc.

3. Mailing Address

6995 NW 173 Drive  
Unit 2106  
Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33015

Country

U.S.A.

Zip

33015

Country

U.S.A.

4. FEI Number

65-0850987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, ANIBAL  
6160 N.W. 186 STREET  
APT 102  
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

CASTELLANOS, PIEDAD

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

6995 NW 173 Drive, Unit 2106

City

Miami

FL

Zip Code

33015

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

Piedad Castellanos

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

April 15 / 01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW  
After SEPTEMBER 15, 2000  
Make Check Payable to Department of State

FEE IS \$550.00  
2000 Min. will be \$750.00  
to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CASTELLANOS, PIEDAD	
STREET ADDRESS	6160 N.W. 186 STREET APT 102	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASTELLANOS, ANIBAL	
STREET ADDRESS	6160 N.W. 186 STREET APT 102	
CITY-ST-ZIP	MIAMI FL 33015	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANOS, PIEDAD	
STREET ADDRESS	6995 NW 173 DRIVE, UNIT 2106	
CITY-ST-ZIP	MIAMI, FLORIDA 33015	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTELLANOS, SARAH	
STREET ADDRESS	6995 NW 173 DRIVE, UNIT 2106	
CITY-ST-ZIP	Miami, Florida 33015	
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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

MSIGRAVIA RECHILLAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15 / 01 (305) 640 0440

Date

Daytime Phone #

CR2E034 (5/00)

002

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -2 PM 3:16



REINSTATEMENT

00-01