

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098263

1. Entity Name
DOUBLE STAR, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90044 019 ***150.00

Principal Place of Business
**725 W 8TH ST
RIVIERA BEACH FL 33404**

Mailing Address
**725 W 8TH ST
RIVIERA BEACH FL 33404**

2. Principal Place of Business
13860 Wellington Trace
Suite, Apt. #, etc.
#16

3. Mailing Address
13860 Wellington Trace
Suite, Apt. #, etc.
#16

City & State
Wellington, FL
Zip
33414

Country
Palm Beach

City & State
Wellington, FL
Zip
33414

Country
Palm Beach

4. FEI Number **65-0879358**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIU, XIN
725 W 8TH ST
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
13860 Wellington Trace, #16

City
Wellington

FL

Zip Code
33414

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LIU, XIN
725 W 8TH ST
RIVIERA BEACH FL 33404

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
13860 Wellington Trace, #15
Wellington, FL 33414

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

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

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

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

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 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: *Xin Liu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(561)333-8982

Daytime Phone #

CR2E034 (10/00)