

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000102530**1. Entity Name
FIVE STARS ASSOCIATES, INC.**Principal Place of Business**

1275 S.W. 46TH AVENUE #1508

POMPANO BEACH
33069

FL

Mailing Address

1275 S.W. 46TH AVENUE #1508

POMPANO BEACH
33069

FL

2. Principal Place of Business

557 S.W.12TH AVENUE

Suite, Apt. #, etc.
FORT LAUDERDALE**City & State**

BROWARD

FL

Zip
33312

Country

3. Mailing Address

557 S.W.12TH AVENUE

Suite, Apt. #, etc.
FORTLAUDERDALE**City & State**

BROWARD

FL

Zip
33312Country
US**4. FEI Number****65-0890590**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MAHDI SYED HASAN**
1275 S.W. 46TH AVENUE #1508POMPANO BEACH
33069

FL

US

7. Name and Address of New Registered Agent**Name****MAHDI SYED HASAN****Street Address (P.O. Box Number is Not Acceptable)****1861 LYONS ROAD**

APT.207

City**COCONUT CREEK****FL**Zip Code
33069

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 **MAHDI SYED HASAN****03/21/2001**

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUMAIL SYED HASAN 1861 LYPNS ROAD #207 COCPNUT CREEK FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT HASAN NAFIS 1861 LYONS ROAD #207 COCONUT CREEK FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHDI SYED HASAN 1861 LYONS ROAD #207 COCONUT CREEK FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ABBAS SYED MOHSIN 13721 22ND PLACE SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: MAHDI SYED HASAN

DP

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)