

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90726 011 ***150.00

DOCUMENT # *P98000102530*

1. Entity Name

FIVE STARS ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

557 SOUTH WEST

3. Mailing Address

557 SOUTH WEST

Suite, Apt. #, etc.

12TH AVENUE

Suite, Apt. #, etc.

12TH AVENUE

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33312

Country

BROWARD

Zip

33312

Country

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0890590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MAHDI, SYED HASAN

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

1861 LYONS ROAD

1861-LYONS ROAD #207

City

COCONUT CREEK FL

Zip Code

33063

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-31-2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP

SYED MOHSIN ABBAS

13721 N.W. 22ND PLACE

SHARISE FL 33323

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

MAHDI SYED HASAN

1861 LYONS ROAD #207

COCONUT CREEK FL 33063

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SDT

HASAN NAFIS

1861 LYONS ROAD #207

COCONUT CREEK FL 33063

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYED HASAN MAHDI

Date

Daytime Phone #

03/31/2003 954-969-5282

CR2E034B (12/02)