

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -5 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

199000018948

1. Entity Name

DINO STAR INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

500006967525--9

-08/08/02--01002--022

****450.00 ****450.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1761 W. HILLSBORO BLVD

3. Mailing Address

PO Box 480226

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH

City & State

FT. LAUDERDALE

4. FEI Number

65-0900972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

33442

Country

USA

Zip

33308

Country

USA

7. Name and Address of Current Registered Agent

Name

DINO D'AGOSTINO

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

1761 W. HILLSBORO BLVD

Suite 401

City

DEERFIELD BEACH

FL

Zip Code

33442

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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.

SIGNATURE

Signature of officer or director, or of registered agent, and if not applicable, (NOTE: Registered Agent Signature required when resigning)

DINO D'AGOSTINO

DATE

04/08/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME DINO D'AGOSTINO
STREET ADDRESS 1761 W. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DINO D'AGOSTINO

04/02/02

(954) 427-3773

Date

Daytime Phone #

CR2E034B (12/01)

75 815/02