

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000021763**

1. Entity Name

MORNING STAR PROPERTY MANAGEMENT ENTERPRISES, IN**FILED****May 23, 2000 8:00 am**
Secretary of State

05-23-2000 90230 004 ***150.00

Principal Place of Business

Mailing Address

3357 N.W. 198TH TERRACE
MIAMI FL 330563357 N.W. 198TH TERRACE
MIAMI FL 33056-2353

2. Principal Place of Business

3357 N. W. 198 Terrace

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

4. FEI Number

65-0914052

Applied For

Not Applicable

Zip
33056Country
Dade

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SMITH, CARMELETA P**
3357 N.W. 198TH TERRACE
MIAMI FL 33056

Name

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

City

FL

Zip Code

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PD** ☐ Delete
NAME **SMITH, CARMELETA P**
STREET ADDRESS **3357 N.W. 198TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33056**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **BECKFORD, ZARANN**
STREET ADDRESS **2164 N.W. 82RD TERRACE**
CITY-ST-ZIP **MIAMI FL 33147**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **PRATER, SAMMILETA**
STREET ADDRESS **3357 N.W. 198TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33056**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **PRATER, FELECIA**
STREET ADDRESS **3357 N.W. 198TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33056**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CEOD** ☐ Delete
NAME **SIMITH, GEORGE A**
STREET ADDRESS **3357 N.W. 198TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33056**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)