

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
04-30-2002 90083 010 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000021763**  
1. Entity Name  
**MORNING STAR PROPERTY MANAGEMENT ENTERPRISES, IN C.**

Principal Place of Business <b>3357 N.W. 198TH TERRACE MIAMI FL 33056</b>	Mailing Address <b>3357 N.W. 198TH TERRACE MIAMI FL 33056</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0914052</b>		APPLIED FOR	Applied For
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b>	Additional Fee Required

6. Name and Address of Current Registered Agent  
**SMITH, CARMELETA P  
3357 N.W. 198TH TERRACE  
MIAMI FL 33056**

7. Name and Address of New Registered Agent

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	<b>SMITH, CARMELETA P</b>	
STREET ADDRESS	<b>3357 N.W. 198TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BECKFORD, ZARANN</b>	
STREET ADDRESS	<b>20431 NW 20 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>PRATER, SAMMILETA</b>	
STREET ADDRESS	<b>1930 NW 135 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>PRATER, FELECIA</b>	
STREET ADDRESS	<b>3357 N.W. 198TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	<b>SIMITH, GEORGE A</b>	
STREET ADDRESS	<b>3357 N.W. 198TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Carmeleta P. Smith **4/15/02** 305 338-5982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)

attachment

315996

899000021763

FROM THE DESK  
OF  
CARMELETA P. SMITH

MORNING STAR PROPERTY MANAGEMENT ENTERPRISES, INC.  
3357 NORTH WEST 198 TERRACE  
MIAMI, FLORIDA 33056

MAY 11, 2002

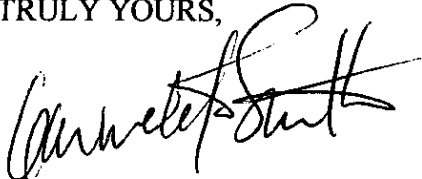
DIVISION OF CORPORATIONS,  
POST OFFICE BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

SUBJECT FEDERAL EMPLOYER IDENTIFICATION

ATTACHED IS THE CORRECTED ANNUAL UNIFORM BUSINESS REPORT WITH  
MY FEDERAL EMPLOYER IDENTIFICATION WHICH IS 65-0914052.

SHOULD YOU NEED ADDITIONAL INFORMATION I MAY BE REACH AT 305  
338-5982. THANKING YOU

TRULY YOURS,



CARMELETA P. SMITH

fjp/CPS

ATTACHMENT 1