

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 11, 2000 8:00 am
Secretary of State

04-03-2000 90129 013 ***150.00

DOCUMENT # P99000039564

1. Entity Name

FIVE-STAR PROPERTY DEVELOPERS, INC.

Principal Place of Business

**802 LAKE AVENUE
 LAKE WORTH FL 33460**

Mailing Address

**860 U.S. 1
 SUITE 109
 NORTH PALM BEACH, FL
 33408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

860 U.S. HWY 1

3. Mailing Address

Suite, Apt. #, etc.

109 Suite

Suite, Apt. #, etc.

City & State

North Palm Beach

City & State

FL

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABDALLA, VALERIE
 802 LAKE AVENUE
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **Abdalla, Valerie**

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

860 U.S. Hwy 1

Suite 109

City **North Palm Bch**

FL

Zip Code **33408**

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

Valerie Abdalla

3/21/00

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

TITLE **President** ☐ Delete
 NAME **GARY C. HEISER**
 STREET ADDRESS **860 U.S. HWY 1 - Ste 109**
 CITY-ST-ZIP **NPB FL 33408**

TITLE ☐ Delete
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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Heiser, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

561 533 5535

Daytime Phone #

CR2E034 (9/99)