

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90061 003 ***150.00

DOCUMENT # *P 99000040295*

1. Entity Name

FIVE STARS CASTINGS, INC

Principal Place of Business

Mailing Address

*8720 NW 153
 TERR. MIAMI
 FL 33018*

*8720 NW 153
 TERR. MIAMI
 FL 33018*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0917112

Applied For

Not Applicable

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

*MARTINEZ JORGE
 8720 NW 153
 TERR. MIAMI
 FL 33018*

Name

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

City

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 substituting)

DATE

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

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 *PO.* ☐ Delete
 NAME *MARTINEZ JORGE*
 STREET ADDRESS *8720 NW 153*
 CITY - ST - ZIP *TERR. FL 33018*

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

TITLE *VO.* ☐ Delete
 NAME *PADRINO, ROBERTO*
 STREET ADDRESS *925 E 52ND STREET*
 CITY - ST - ZIP *MIAMI FL 33013*

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

TITLE *GO.* ☐ Delete
 NAME *LLAMBE, CARLOS E*
 STREET ADDRESS *19370 SW 137TH CT*
 CITY - ST - ZIP *MIAMI FL 33177*

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

TITLE *TO.* ☐ Delete
 NAME *SANCHEZ, ROBERTO*
 STREET ADDRESS *3100 NW 8800 STREET*
 CITY - ST - ZIP *MIAMI FL 33147*

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addit
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge Martinez*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #