FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91059 008 ***150.00

DOCUMENT # P99000040295

1. Entity Name
FIVE STARS CASTINGS & PAINTING, INC.

DO NOT WRITE IN THIS SPACE

94082543

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2. Principal Place of Business	3. Mailing Address
4165 N.W. 132nd Street	8720 NW 153rd Terrace
Suite, Apt. #, etc. 10	Suite, Apt. #, etc.
City & State: Opa Locka Florida	City & State: Miami Lakes Florida
Zip: 33054 Country: USA	Zip: 33018 Country: USA

4. FEI Number: 65-0917112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JORGE MARTINEZ

Street Address (P.O. Box Number is Not Acceptable):
8720 NW 153rd Terrace

City: Miami Lakes FL 33018

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	MARTINEZ, JORGE
STREET ADDRESS	8720 NW 153rd Terrace
CITY-ST-ZIP	Miami Lakes Fl 33018
TITLE	DVPS
NAME	MARTINEZ, CARMEN NURIS
STREET ADDRESS	8720 NW 153rd Terrace
CITY-ST-ZIP	Miami Lakes Fl 33018
TITLE	
NAME	
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CR2E034B (12/01)

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: Jorge Martinez 4/29/2004 (305) 362-4352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone