

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90939 005 ***150.00

DOCUMENT # **P99000044990**

1. Entity Name

5 STAR TRAINING CENTER, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16400 NE 19th Ave

3. Mailing Address

16400 NE 19th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL

City & State

NORTH MIAMI BEACH, FL

4. FEI Number

65-0920948

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES CANADY

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

111 NE 170th Street

City

N. M. B

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Canady

CHARLES CANADY

4/4/03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CARLENE CANADY President
111 NE 170th Street
N. M. B., FL. 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
CHARLES CANADY
111 NE 170th Street
N. M. B., FL. 33162**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

Charles Canady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 (305) 947-8141

Date

Daytime Phone #

CR2E034B (12/02)