2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

2839 NW 7 ST

MIAMI FL 33125

P9900050650 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2. Principal Place of Business

2839 NW 7 ST

MIAMI FL 33125

THE DOLLAR STAR CORPORATION



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90264 038 ***150.00

☐ CHECK HERE IF MAKING CHANGES
ECIAL .

2. Principal	Place of Busir	ness	3. Ma	3. Mailing Address								
Suite, Ap	t. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate		City	City & State			4. FEI Number 65-0924949				Applied For	
Zip		Country	Zip		Count	Country		Certificate of Status Desired \$8.75 Addi Fee Required			Not Applicable dditional red	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
GARCIA, TERESA 2839 NW 7 ST MIAMI FL 33125						Street Address (P.O. Box Number is Not Acceptable)						
						City	<u> </u>		FL	Zip Cod		
the obligation		submits this state ered agent.				d office or regi		ent, or both, in the State of Florid	_	familiar with	, and accept	
Afte Make Checl	r May 1, 200	FEE IS \$150.0 Fee will be \$50 Florida Departm	50.00 ent of State			gen og ender 104	pared when ign	Election Campaign Finance Trust Fund Contribution.	DATE ————————————————————————————————————	\$5.0 Adde	00 May Be	
10.		OFFICERS	AND DIRECTOR	RS	11.		ADE	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARCIA, TE 2839 NW 7 MIAMI FL 3	ST		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET	ADDRESS - ZIP				☐ Change	☐ Addition	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR