

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90188 019 \*\*\*150.00

**DOCUMENT # P99000062218**

1. Entity Name

**ALL STAR DEVELOPMENT, INC.**

Principal Place of Business

7802 KINGSPONTE PKWY  
 SUITE 104  
 ORLANDO FL 32819

Mailing Address

7802 KINGSPONTE PKWY  
 SUITE 104  
 ORLANDO FL 32819

917532

2. Principal Place of Business

7802 KINGSPONTE PKWY.

3. Mailing Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207A

207A

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip

Country

Zip

Country

32819

US

32819

US

4. FEI Number 59-3588017

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

DUARTE, NORBERTO  
 446 WATER STREET  
 CELEBRATION FL 34747

Name Duarte, Norberto

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

405 Camellia St.

City

Celebration

FL

Zip Code

34747

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 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
 NAME GUILHERE, FARINA  
 STREET ADDRESS 2305 LAKE DEBRA DRIVE APT. 2935  
 CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  
 NAME JASON THOMAS  
 STREET ADDRESS 900 LAKE AVE.  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Change ☒ Addition

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SEC  
 NAME IGUR ANDRADE  
 STREET ADDRESS 11336 NEW CHAPEL DR.  
 CITY-ST-ZIP ORLANDO FL 32837 ☐ Change ☒ Addition

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TR  
 NAME MARIO BRAGA  
 STREET ADDRESS 3225 ARDENVILLAS BLVD. APT. 9  
 CITY-ST-ZIP ORLANDO FL 32817 ☐ Change ☒ Addition

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE 2 SEC  
 NAME NORBERTO DUARTE  
 STREET ADDRESS 405 CAMELLIA ST  
 CITY-ST-ZIP CELEBRATION FL 34747 ☐ Change ☒ Addition

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2001 407-248-2626

Date

Daytime Phone #

CR2E034 (10/00)