2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000062218

Entity Name: ALL STAR DEVELOPMENT, INC.

FILED Mar 08, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7802 KINGSPOINTE PKWY 6600 KINGSPOINTE PKWY 207A 10 ORLANDO, FL 32819 ORLANDO, FL 32819 **Current Mailing Address:** New Mailing Address: 7802 KINGSPOINTE PKWY 6600 KINGSPOINTE PKWY ORLANDO, FL 32819 ORLANDO, FL 32819 FEI Number: 59-3588017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUARTE, NORBERTO 405 CAMELLIA ST CELEBRATION, FL 34747 US 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PDT (X) Change () Addition GUILHERE, FARINA Name: Name: GUILHERE, FARINA 2305 LAKE DEBRA DRIVE APT. 2935 2305 LAKE DEBRA DRIVE APT. 2935 Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 VΡ Title: Title: () Delete () Change () Addition THOMAS, JASON Name: Name: 900 LAKE AVE Address: Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ANDRADE, IGUR Name: Name: 11836 NEW CHAPEL DR Address: Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change () Addition BRAGA, MARIO Name: Name: Address: 3225 ARDENVILLAS BLVD. APT. 9 Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: Title: 2S () Delete () Change () Addition DUARTE, NORBERTO Name: Name: 405 CAMELLIA ST Address: Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERTO DUARTE 2S 03/08/2002