

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

0015758 AV

DOCUMENT # P99000062218

1. Entity Name
ALL STAR DEVELOPMENT, INC.



07-16-2003 90046 012 ***158.75

Principal Place of Business
**6600 KINGSPONTE PKWY
10
ORLANDO FL 32819**

Mailing Address
**6600 KINGSPONTE PKWY
10
ORLANDO FL 32819**

2. Principal Place of Business

6606 KINGSPONTE PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number **59-3588017**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUARTE, NORBERTO
405 CAMELLIA ST
CELEBRATION FL 34747**

Name **NORBERTO DUARTE**

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

6606 KINGSPONTE PKWY

City

ORLANDO, FL

FL

Zip Code

32819

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/11/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **VP** ☒ Delete
NAME **THOMAS, JASON**
STREET ADDRESS **900 LAKE AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **S** ☒ Delete
NAME **ANDRADE, IGUR**
STREET ADDRESS **11836 NEW CHAPEL DR**
CITY-ST-ZIP **ORLANDO FL 32837**

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

TITLE **TR** ☒ Delete
NAME **BRAGA, MARIO**
STREET ADDRESS **3225 ARDENVILLAS BLVD. APT. 9**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE **2S** ☒ Delete
NAME **DUARTE, NORBERTO**
STREET ADDRESS **405 CAMELLIA ST**
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
STREET ADDRESS **DUARTE, NORBERTO**
CITY-ST-ZIP **6606 KINGSPONTE PKWY**
ORLANDO, FL 32819

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

7/11/03

Daytime Phone #

407-248 2626

CR2E034 (4/03)