FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCUMENT # 582925	•	05-28-2002 91747 021 *	·**150.00	
STAR BAR BREEDENS INC.	✓			
DO NOT WRITE IN THIS	SPACE			
2. Principal Place of Business 534 284 ST Suite, Apt. #, etc. 3. Mailing Address 534 28 ST Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State PALM BEACH WPALM	BEACH FLA	4. FEI Number Applied Fo		
33407 COUNTY 33407	Country	Fee Re	Additional quired	
DO NOT WRITE	Name	7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		
	City	FL Zip	Code	
Tax filing requirement and elects to do so.	(NOTE Registered Agent signature required y 1 - May 1 Fee is \$150.00 ir May 1, Fee is \$550.00 hended UBR is \$61.25	when reinstating) OATE 10. Election Campaign Financing Trust Fund Contribution	5.00 May Be	
11. OFFICERS AND DIRECTORS	Payable to Department of Stat	6		
OPT NAME OININNY, SALLY STREET ADDRESS CHY-ST-ZIP DPT OININNY, SALLY STREET ADDRESS CHY-ST-ZIP WEST PALM BEACH, HA 330	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		
13. Thereby certify that the information supplied with this filling does not quaindicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this attachment with an address, with all other like empowered.				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OF	FFICER OR DIRECTOR	5 /16/02 561-820	-0054	

2002 UNI	FORM BUSI	NESS REPO	RT (UBR)	Attach	most	
DOCUMENT			-	" Carlos "	"/(////	
1. Entity Name STAR BAR BREED	_		/	COPY	/	
Principal Place of Business 534 28TH ST WEST PALM BEACH FL 33 US		Mailing Address 534 28TH ST WEST PALM BEACH FL 33 US	407			
Principal Place of Business 3. Mailing Address					HI GIGH PER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	/	, DO NOT WRI	TE IN THIS SPACE	
City & State		City & State		4. FEI Number 04-2576438	D	aliea For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Addi Fee Required	
6. Name	and Address of Current.R	egistered.Agent	færne	7. Name and Address of New F	Registered Agent	
8180 ÑW 36 ST MIAMI FL 33166		Street Address	(P.O. Box Number is Not Acceptabl	e) FL Zip Code		
•		/		red agent, or both, in the State of Fl	FL	
SIGNATURE Signature foliage 9. This corporation is elight Tax filling requirement (See criteria on back)	s a pileted nume of registered agent a gible to satisfy its Intangible	FILE NOW!!	Pecistered Agent signature recover 1 FEE IS \$150,00° 2 Fee Will be \$550.00° e to Department of Sta	10. Election Campaign Fi	DATE nancing \$5.00 on. Added	O May Be to Fees
11. INTE DAME DININNY STREET ADDRESS CITY-ST-AP W PALM	SALLY	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Adminen
ST A	534 28th STREE WEST PALM BE, TEL. (561) 820-9 FAX (561) 820-9	ACH, FL 33407 059		IONAL BANK OF SARASOTA COUNTY VENICE, FL 34292 63-1299/631 L. FOR	2/26/02	0960
			FLA DEUT	K FOR	2120102.1	
PAY TO THE FIO	rida/Department	of Revenue		850-245-6059	s**150.00	
	d/Fifty and 00/10	00**********	*****	*******	*****	DOLLARS
	la Department o					DOLEANS
Late Cl	harge			STAR BAR BI	REEDERS, INC.	
MEMO FLATE CI					ZED SIGNATURE	
to the second time			au required by Onlabier of	1002BB7#/		

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

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND THE DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR