

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000009645**

1. Entity Name

**5 STAR MARKETING GROUP INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90993 017 \*\*\*163.75

Principal Place of Business

Mailing Address

~~710 SOUTHWEST 1ST STREET~~  
~~HALLANDALE FL 33009-~~  
**4980 SW 52nd St # 115**  
**Dawie, FL 33314**

710 SOUTHWEST 1ST STREET  
 HALLANDALE FL 33009-5307

2. Principal Place of Business

3. Mailing Address

**4980 SW 52nd St**  
 Suite, Apt. #, etc.  
**115**

Suite, Apt. #, etc.

City & State

City & State

**Dawie, FL**

4. FEI Number

Applied For

**65-0900662**

Not Applicable

Zip

Country

Zip

Country

**33314**

**Broward**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name

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

City

**FL**

Zip Code

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

*Charles Frum* N/A

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/00**  
 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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRUM, CHARLES</b>	
STREET ADDRESS	<b>710 SOUTHWEST 1ST STREET</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HETRICK, JOAN</b>	
STREET ADDRESS	<b>710 SOUTHWEST 1ST STREET</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Charles Frum*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/00** (954) 454-1034  
 Date Daytime Phone #

CR2FC04 10/00