## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 396305** STAR RANCH ENTERPRISES, INC. 01-19-2000 90092 013 \*\*\*150.00 Mailing Address Principal Place of Business 950 SOUTH DIXIE HIGHWAY 950 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-5944 00003988 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc: - Suite, Apt. #,.etc. Applied For City & State City & State 4. FEI Number 59-1383982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAPIRO, NOEL Street Address (P.O. Box Number is Not Acceptable) 950 S DIXIE HIGHWAY HOLLYWOOD FL 33020 Zip Code City F١ 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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 •9. This corporation is eligible to satisfy its Intangible \_10. Election Campaign Financing \$5.00 May Be\_ After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE SHAPIRO, NOEL NAME NAME STREET ADDRESS 950 S. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition D. 1.41 Delete TITLE 4 GARMIZO, MANUEL NAME STREET ADDRESS STREET ADDRESS 950 S. DIXIE HIGHWAY CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE SHAPIRO, JAIME NAME NAME STREET ADDRESS 950 S. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE GARMIZO! SAMUEL NAME NAME 950 S. DIXIE HIGHWAY STREET ADDRESS STREET: ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 SIGNATURE: