

DOCUMENT # 396305

1. Entity Name
STAR RANCH ENTERPRISES, INC.

Principal Place of Business Mailing Address
950 SOUTH DIXIE HIGHWAY 950 SOUTH DIXIE HIGHWAY
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SHAPIRO, NOEL
950 S DIXIE HIGHWAY
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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

TITLE	D	☐ Delete
NAME	SHAPIRO, NOEL	
STREET ADDRESS	950 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☐ Delete
NAME	GARMIZO, MANUEL	
STREET ADDRESS	950 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	☐ Delete
NAME	SHAPIRO, JAIME	
STREET ADDRESS	950 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	☐ Delete
NAME	GARMIZO, SAMUEL	
STREET ADDRESS	950 S. DIXIE HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 filers empowered.

SIGNATURE: *By [Signature] STAR RANCH ENTERPRISES, INC*

Signature and typed or printed name of officer or director
Date: *1/3/01* Daytime Phone #: *954 9207711*

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90063 046 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1383982** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)