

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90061 001 ***300.00

DOCUMENT # G85603

1. Entity Name
STAR QUALITY, INC.

Principal Place of Business
% MAXIMO SANCHEZ
4006 WEST CREST AVENUE
TAMPA FL 33614

Mailing Address
% MAXIMO SANCHEZ
4006 WEST CREST AVENUE
TAMPA FL 33614

94669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2391275

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANCHEZ, MAXIMO
4006 W. CREST AVENUE
TAMPA FL 33614

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

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, 2002 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 | PT | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, MAXIMO | |
| STREET ADDRESS | 4006 W CREST AVENUE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, DENISE | |
| STREET ADDRESS | 4006 W CREST AVENUE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/02

Date Daytime Phone #

CR2E034 (9/01)