

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90101 022 ***150.00

DOCUMENT # J04250

1. Entity Name
STARVISTA CORPORATION

Principal Place of Business 2725 PARK DRIVE CLEARWATER FL 33763 US	Mailing Address 2725 PARK DRIVE CLEARWATER FL 33763-1023 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2672769**

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	
CHIACCIO, LOUIS H. 3437 DEERFIELD LANE CLEARWATER FL 34621		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code



DO NOT WRITE IN THIS SPACE

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 _____ (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, 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 PD	<input type="checkbox"/> Delete	TITLE CHIACCIO, LOUIS H.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIACCIO, LOUIS H.		NAME	
STREET ADDRESS 3437 DEERFIELD LANE		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete	TITLE CHIACCIO, NIDIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIACCIO, NIDIA		NAME	
STREET ADDRESS 3437 DEERFIELD LN		STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Louis Chiacchio* **Louis Chiacchio** APRIL 26, 2000 727 724-9900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)