

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90043 029 \*\*\*\*61.25

**DOCUMENT # N22452**

1. Entity Name

**STAR OF HOPE INTERNATIONAL, AMERICA, INC.**

Principal Place of Business

Mailing Address

28055 JUDGE ORR RD  
 CALHAN CO 80808  
 US

28055 JUDGE ORR RD  
 CALHAN CO 80808-8898  
 US

**80007972**



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

**59-2844916**

Applied For

Not Applied

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

TRICK, WILLIAM WATSON  
 660 S FEDERAL HWY  
 THIRD FLOOR  
 POMPANO BEACH FL 33062

Name **TRICK, WILLIAM WATSON, JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1216 E ATLANTIC BLVD SUITE 7**  
 City **POMPANO BEACH** FL Zip Code **33060**

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

*William Watson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/19/2000**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FORZELIUES, STEN-ERIK	
STREET ADDRESS	28055 JUDGE ORR RD	
CITY-ST-ZIP	CALHAN CO	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BORROR, BARRY	
STREET ADDRESS	2805 JUDGE ORR RD	
CITY-ST-ZIP	CALHAN CO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERIKSSON, LENNART	
STREET ADDRESS	28055 JUDGE ORR ROAD	
CITY-ST-ZIP	CALHAN CO	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PRESSON, MARK	
STREET ADDRESS	2805 JUDGE ORR RD	
CITY-ST-ZIP	CALHAN CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry W Borrer* **REQUIRED** **1-15-2000** **(719) 683 5585**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #