

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90276 040 \*\*\*150.00

**DOCUMENT # P00000014125**

1. Entity Name  
**SECOND STAR ENTERPRISES, INC.**

Principal Place of Business  
**3300 UNIVERSITY DRIVE STE 501  
 CORAL SPRINGS FL 33065.**

Mailing Address  
**3300 UNIVERSITY DRIVE STE 501  
 CORAL SPRINGS FL 33065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**15970 BAYSIDE POINTE W**

3. Mailing Address  
**15970 BAYSIDE POINTE W.**

Suite, Apt. #, etc.  
**APT 306**

Suite, Apt. #, etc.  
**APT 306**

City & State  
**Fort Myers, FL**

City & State  
**FORT MYERS, FL**

4. FEL Number  
**65-0982854**

Applied For  
 Not Applicable

Zip  
**33908**

Country

Zip  
**33908**

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

**BLUM, MARVIN  
 3300 UNIVERSITY DRIVE STE 501  
 CORAL SPRINGS FL 33065**

Name: **BLUM MARVIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15970 BAYSIDE POINTE W**  
**APT 306**  
 City: **FORT MYERS** FL Zip Code: **33908**

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, hand or printed name of registered agent and title if applicable.

**MARVIN Blum** (NOTE: Registered Agent signature required when reinstating)

**11/25/01** 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLUM, MARVIN</b> <b>3300 UNIVERSITY DRIVE STE 501</b> <b>CORAL SPRINGS FL 33065</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>15970 BAYSIDE POINTE W</b> <b>FORT MYERS FL 33908</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: **MARVIN Blum** **11/25/01** **941 481 9863**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #