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FILED
Jul 11, 2002 8:00 am
Secretary of State

05-23-2002 90077 002 ***158.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014582
1. Entity Name
STARLIGHT SOLUTIONS, INC.

Principal Place of Business
**4001 S OCEAN DRIVE #60
HOLLYWOOD FL 33019**

Mailing Address
**4001 S OCEAN DRIVE #60
HOLLYWOOD FL 33019**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 Park Centre Blvd

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 250

City & State
Miami FL

City & State
City & State

4. FEI Number **65-1076302** Applied For
Not Applicable

Zip **33169** Country **Dade**

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TOLCHINSKY, LARRY ESQ
2100 E HALLANDALE BEACH BLVD #200
HALLANDALE BEACH FL 33009**

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 _____ (NOTE: Registered Agent signature required when re-registering) 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, 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	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME LILIANA GONZALEZ	
STREET ADDRESS 4001 OCEAN Dr. Apto 60	
CITY-ST-ZIP Hallandale FL 33019	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME RAFAEL D. RINCON	
STREET ADDRESS 17901 NW 68 AVE Apto R2-02	
CITY-ST-ZIP MIAMI FL 33015	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME KENNETH GONZALEZ	
STREET ADDRESS 10701 N SARDINIA DRIVE	
CITY-ST-ZIP COOPER CITY, FL 33026	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME JOSQUIN E GONZALEZ	
STREET ADDRESS 3570 WEST HILLSBORO BLV #102	
CITY-ST-ZIP COCONUT CREEK FL 33073	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2002 (8/01)

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 empowerments.

SIGNATURE:

4-30-02 305-626-0033