

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90865 033 ***150.00

DOCUMENT # P96000001680

1. Entity Name
STAR INVESTMENTS, INC.

| | |
|--|---|
| Principal Place of Business 700 TYRONE BLVD. ST. PETERSBURG FL 33710 | Mailing Address 700 TYRONE BLVD. ST. PETERSBURG FL 33710-7127 |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

| | | | | | | |
|-----|---------|-----|---------|--|---|--|
| Zip | Country | Zip | Country | 4. FEI Number 59-3353646 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

PATEL, SANDIP I
18167 U.S. HIGHWAY 19 NORTH, SUITE 150
2240 BELLEAIR ROAD, SUITE 160
33764WATER FL 34624

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 _____ 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, 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SHAH, SAMIR 700 TYRONE BLVD. ST. PETERSBURG FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete SHAH, SHILPA 700 TYRONE BLVD. ST. PETERSBURG FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PATEL, KIRIT 700 TYRONE BLVD. ST. PETERSBURG FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PATEL, RAJU 700 TYRONE BLVD. ST. PETERSBURG FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PATEL, VIJAY 700 TYRONE BLVD. ST. PETERSBURG FL 33710 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PATEL, RAMILA 700 TYRONE BLVD. ST. PETERSBURG FL 33710 |

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

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 (727)384-5959
 Date Daytime Phone #

CR2E034 (9/99)