

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000086218**

1. Entity Name
STARS BY SHERROZ, INC

Principal Place of Business Mailing Address

2. Principal Place of Business **6565-F PARKVIEW DRIVE**

3. Mailing Address **6565-F PARKVIEW DRIVE**

Suite, Apt. #, etc.

City & State **BOCA RATON, FL**

City & State **BOCA RATON FL**

Zip **33433** Country **US**

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4. FEI Number **65-0953658**

Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, JAN MICHAEL ESQ
6622 PATIO LANE
BOCA RATON, FL 33433

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 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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SOBEL, ROSLYN	
STREET ADDRESS	6565 F PARKVIEW DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLS, SHELLEY	
STREET ADDRESS	6565 F PARKVIEW DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33433	
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"/> 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	000003229770	
CITY-ST-ZIP	-04/28/00--01111--020	
	****150.00 ****150.00	
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		

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: **Victor Lemo** **ATTY-IN-FACT 4/24/00 561-995-0064**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

KE

Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, Sherry Mills, President of Stars By Sherroz, Inc, hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Stars By Sherroz, Inc.. This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

Sherry Mills
Signature

PRESIDENT
Title

12/6/99
Date

Sherry Mills
Printed name