

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-18-2002 90129 021 ***550.00

DOCUMENT # 324772

1. Entity Name

STAR STYLED DANCING SUPPLIES, INC.

Principal Place of Business

920 W 23 STREET
 HIALEAH FL 33010
 US

Mailing Address

PO BOX 119029
 HIALEAH FL 33011-9029
 US

98051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1206273

Applied For

Not Applicable

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

HERMAN, CLIVE W
 1091 RED BIRD ROAD
 MIAMI SPRINGS FL 33166

Name Herman, Clive

Street Address (P.O. Box Number is Not Acceptable)

1091 Red Bird Rd

City miami Springs

FL

Zip Code 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
 NAME **GIBERSON, PHILIP**
 STREET ADDRESS **570 GLEN WAY**
 CITY-ST-ZIP **MIAMI SPRINGS, FL 00000**

TITLE ☐ Change ☐ Addition
 NAME **PHILIP GIBERSON**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **HERMAN, CLIVE**
 STREET ADDRESS **1091 RED BIRD ROAD**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **MERCURIO, JOANN**
 STREET ADDRESS **300 HUNTINGTON LODGE DR**
 CITY-ST-ZIP **MIAMI SPRINGS, FL 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.13.02

Date

305-885-4135

Daytime Phone #

CR2E034 (4/02)