1. Entity Name

Principal Place of Business

5998 W. OAKLAND PK BLVD.

2. Principal Place of Business

STARFAS, FOTIOS

5015 JOHNSON STREET

Suite, Apt. #, etc.

City & State

Zip

SUNRISE FL 33313

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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

(See criteria on back)

11.

CITY-ST-ZIP	HOL
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NAME	STARFAS, GEURG
STREET ADDRESS	4420 W. BROWAR
CITY - ST- ZIP	DI ANTATION EI

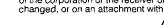
NAME	
STREET AODRESS	

CITY-ST-ZIP	
TITLE	

NAIVE
STREET ADDRESS
CITY-ST-ZIP

TITLE	
NAME	
STREET	ADDRESS

CHY-SI-ZIP	
TITLE	1
	- 1



SIGNATURE:

HOLLYWOOD FL 33021

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

5998 W. OAKLAND PK BLVD.

SUNRISE FL 33313-1208

3. Mailing Address

City & State

Suite, Apt. #, etc.

DOCUMENT # 484083

WEST OAKLAND PARK SERVICE CENTER, INC.

Country

FILE NOW!!! FEE IS \$150.00

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.

Country

Name

City

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State OFFICERS AND DIRECTORS

	CITY-ST-ZIP
Delete	TITLE

Coloto	TITL 5
	CITY-ST-Z
	STREET ADE

	STREET ADDRESS		
	CITY-ST-ZIP		
] Dalata	TITLE		

FILED Jan 25, 2000 8:00 am Secretary of State

01-25-2000 90023 006 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For 59-1845074 Not Aggre

\$8.75 Additional 5. Certificate of Status Desired

Fee Required

7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be

Added to Fees

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. Election Campaign Financing

Trust Fund Contribution.

DATE

ITLE IAME TREET ADDRESS ITY-ST-ZIP	STARFAS, FOTIOS 5015 JOHNSON STREET HOLLYWOOD FL	∟ Delete . :	TITLE NAME STREET ADDRESS CITY-ST-ZIP		∐ Change	□ Addillo
ITLE IAME TREET ADDRESS ITY-ST-ZIP	SD STARFAS, GEORGE 4420 W. BROWARD BLVD. PLANTATION FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	Additio
ITLE IAME STREET AODRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change	☐ Additio
			7171.5		[] Change	C Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

NAME

NAME

URE AND DIVED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

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