

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000486

1. Entity Name  
STAR CLIPPERS, LTD, CORP.

Principal Place of Business  
4101 SALZEDO AVE.  
CORAL GABLES FL 33146

Mailing Address  
4101 SALZEDO AVE.  
CORAL GABLES FL 33146

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 65-0378039

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

GONZALEZ-PITA, J. ALBERTO  
200 S. BISCAYNE BLVD.  
SUITE 4900  
MIAMI FL 33131

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP  
NAME KRAFFT, MIKAEL  
STREET ADDRESS ERMANN PALACE 27 BD ALBERT 12R  
CITY-ST-ZIP BELGIUM MO MONACO ☐ Delete

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

TITLE S  
NAME NAFEEES, AHMAD  
STREET ADDRESS 4101 SALZEDO AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

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

TITLE CFP  
NAME MORRIS, STEPHEN L  
STREET ADDRESS 4104 SALZEDO AVE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☒ Delete

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

TITLE V  
NAME JACK CHATHAM  
STREET ADDRESS 4101 SALZEDO STREET  
CITY-ST-ZIP CORAL GABLES, FL 33146 ☐ Delete

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

TITLE S  
NAME CHRISTIAN RENZETTI  
STREET ADDRESS ERMANN PALACE 27 BD ALBERT 12R  
CITY-ST-ZIP MONACO ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Jack Chatham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01 3054420550  
Date Daytime Phone #

CR2E034 (10/00)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
03-05-2001 90288 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE