

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90001 021 \*\*\*150.00

**DOCUMENT # F96000004336**

1. Entity Name

**EAGLESTAR INTERTRADE LIMITED CORP.**

Principal Place of Business

Mailing Address

10151 DEERWOOD PARK BLVD.  
BLDG. 100. STE. 410  
JACKSONVILLE FL 32256

10151 DEERWOOD PARK BLVD.  
BLDG. 100. STE. 410  
JACKSONVILLE FL 32256

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

**98-0162725**

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

**KOEGLER, STEVEN C**  
**10151 DEERWOOD PARK BLVD, BLDG 100 STE 200**  
**JACKSONVILLE FL 32256**

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FIRST EXECUTIVE DIRECTORS, INC.</b>	
STREET ADDRESS	<b>% OVERSEAS MANAGEMENT, CALLE ELVIRA MENDEZ</b>	
CITY-ST-ZIP	<b>&amp; VIA ESPA, PANAMA, REPUBLIC DE PANAMA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FIRST COMPANY DIRECTORS, INC.</b>	
STREET ADDRESS	<b>% OVERSEAS MANAGEMENT, CALLE ELVIRA MENDEZ</b>	
CITY-ST-ZIP	<b>&amp; VIA ESPA, PANAMA, REPUBLIC DE PANAMA</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAKAROV, IGOR</b>	
STREET ADDRESS	<b>10151 DEERWOOD PARK BLVD., BLDG 100 #410</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAVALIEROS, THEODORES I</b>	
STREET ADDRESS	<b>10151 DEERWOOD PARK BLVD., BLDG. 100, #410</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FRENKEL, RAISSA M A</b>	
STREET ADDRESS	<b>10151 DEERWOOD PARK BLVD. BLVG. 100, #410</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KOEGLER, STEVEN C</b>	
STREET ADDRESS	<b>10151 DEERFIELD PARK BLVD, BLDG 100 #410</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	

TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Plantation Directors, INC.</b>	
STREET ADDRESS	<b>208 LAUREL LANE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH, FL 32082</b>	
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	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kavalieros, Theodoros I</b>	
STREET ADDRESS	<b>10151 Deerwood Park Blvd, Bldg. 100 #410</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
TITLE	<b>Pres.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Frenkel, Raissa M.</b>	
STREET ADDRESS	<b>10151 Deerwood Park Blvd. Bldg. 100 #410</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000

904-996-8800

Date

Daytime Phone #

CR2E034 (9/99)