

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90491 025 ***150.00

DOCUMENT # F97000000205

1. Entity Name

STAR RUBY REALTY CORP.

Principal Place of Business

**550 MAMARONECK AVE.
HARRISON NY 10528**

Mailing Address

**2250 AVENIDA DEL VERA
FORT MYERS FL 33917**

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

13-3940330

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

**CALLAHAN, W S
28 E. WASHINGTON ST.
ORLANDO FL 32801**

Name

Callahan, W. Scott Esquire

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

37 North Orange Avenue

Ste 200

City

Orlando

FL

Zip Code

32801

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

4/23/02

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 \$150.00
After May 1, 2002 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	PD	<input type="checkbox"/> Delete
NAME	ROSEN, MICHAEL	
STREET ADDRESS	550 MAMARONECK AVE.	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, W S	
STREET ADDRESS	28 E. WASHINGTON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	TIBURZI, ROBERT V JR	
STREET ADDRESS	550 MAMARONECK AVE.	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	ROMITA, MICHAEL	
STREET ADDRESS	550 MAMARONECK AVE.	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosen, Michael	
STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Dave	
STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	N. Ft. Myers FL 33917	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cordello, Doug	
STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	N. Ft. Myers FL 33917	

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

Date

Daytime Phone #

4/29/02 (941) 731-4538

CR2E034 (9/01)