

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90169 043 \*\*\*150.00

**DOCUMENT # F98000006861**

1. Entity Name  
**STARBOARD HOLDINGS, LTD. INCORPORATED**

Principal Place of Business

**CHANCERY HOUSE  
 HIGH STREET  
 BRIDGETOWN, BARBADOS**

Mailing Address

**CHANCERY HOUSE  
 HIGH STREET  
 BRIDGETOWN, BARBADOS**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-2143928**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 NAME	<b>C</b> <b>BRENNAN, EDWARD J</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>525 MARKET ST</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94105-2708</b>	
TITLE NAME	<b>VS</b> <b>PIANATO, DAMIANO</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8052 NW 14TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE NAME	<b>V</b> <b>NICHOLS, GREGORY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8052 NW 14TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE NAME	<b>V</b> <b>CAPARIS, PETER</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8052 NW 14TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE NAME	<b>P</b> <b>MIQUEL, J.P.</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8052 NW 14TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE NAME	<b>V</b> <b>GAETAN, OSCAR</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8052 NW 14TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	

TITLE NAME	<b>P</b> <b>Norris, Robin</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8052 N.W. 14th street</b>	
CITY-ST-ZIP	<b>Miami, FL 33126</b>	
TITLE NAME	<b>C</b> <b>Miguel, Sean-Pierre</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8052 N.W. 14th street</b>	
CITY-ST-ZIP	<b>Miami, FL 33126</b>	
TITLE NAME	<b>V</b> <b>Gaetan, Oscar</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8052 N.W. 14th street</b>	
CITY-ST-ZIP	<b>Miami, FL 33126</b>	
TITLE NAME	<b>V</b> <b>Caparis, Peter</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8052 N.W. 14th street</b>	
CITY-ST-ZIP	<b>Miami, FL 33126</b>	
TITLE NAME	<b>S</b> <b>Zacharia, Michael E.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>525 Market, St. 36th Floor</b>	
CITY-ST-ZIP	<b>San Francisco, CA 94105</b>	
TITLE NAME	<b>T</b> <b>Harrison, Keith</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>525 Market St. 36th Floor</b>	
CITY-ST-ZIP	<b>San Francisco, CA 94105</b>	

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: Peter Caparis  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01  
 Date

Daytime Phone #

CR2E034 (10/00)