

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000006861**

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



Principal Place of Business  
**8052 NW 14TH STREET  
MIAMI FL 33126**

Mailing Address  
**8052 NW 14TH STREET  
MIAMI FL 33126**

FILED  
03 APR 17 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>52-2143928</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>C</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BRENNAN, EDWARD J</b>			NAME			
STREET ADDRESS	<b>525 MARKET STREET, 33RD FLOOR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94105</b>			CITY-ST-ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NORRIS, ROBIN</b>			NAME			
STREET ADDRESS	<b>8052 NW 14TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CUSICK, RICK</b>			NAME			
STREET ADDRESS	<b>8052 NW 14TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAETAN, OSCAR</b>			NAME			
STREET ADDRESS	<b>8052 NW 14TH ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUCIANO, WILLIAM</b>			NAME			
STREET ADDRESS	<b>8052 NW 14TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33126</b>			CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANGUM, STEVE</b>			NAME			
STREET ADDRESS	<b>525 MARKET ST, 33RD FL</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94105</b>			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **DAVID A. SUZUKI, ASST. SECRETARY 4/9/03 415 977 5805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0209572 AV

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 054143 7222072

AUTHORIZATION : *Patricia Piguet*

COST LIMIT : \$ 150.00

ORDER DATE : April 17, 2003

ORDER TIME : 11:38 AM

ORDER NO. : 054143-005

CUSTOMER NO: 7222072

CUSTOMER: Eric Davis  
Dfs Group Limited  
33rd Floor, First Market Tower  
525 Market Street  
San Francisco, CA 94105

RECEIVED  
03 APR 17 PM 1:31  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: STARBOARD HOLDINGS, LTD.  
INCORPORATED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: \_\_\_\_\_