

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000351**

1. Entity Name

STELLAR MATERIALS INCORPORATED**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90067 008 ***150.00

Principal Place of Business

**100 E. LINTON BLVD., STE 500-B
DELRAY BEACH FL 33483**

Mailing Address

**100 E. LINTON BLVD., STE 500-B
DELRAY BEACH FL 33483**

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 **38-2934362**

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****MINTZ, NEIL
100 E. LINTON BLVD., STE 500-B
DELRAY BEACH FL 33483**

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, 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCD			
	MINTZ, BERNARD	2108 NW 60TH CIRCLE	BOCA RATON FL	
	SD			
	MINTZ, DAVID	19633 ESTUARY DR.	BOCA RATON FL	
	TD			
	MINTZ, NEIL	19557 SATURNIA	BOCA RATON FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		7921 PALENCIA WAY	DELRAY BEACH FL 33446		

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

BERNARD MINTZ

Date

1-15-01 561-330-9300

Daytime Phone #

CR2E034 (10/00)