## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **F99000005969** V STAR EMPIRE, INC. 04-18-2000 90171 050 \*\*\*150.00 Mailing Address Principal Place of Business 1995 OAKLAND PARK BLVD., SUITE 220 1995 OAKLAND PARK BLVD., SUITE 220 FORT LAUDERDALE FL 33306-1147 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0965096 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition **PTCD** ☐ Delete TITLE TITI F MASIERO, ROBERTO NAME NAME STREET ADDRESS STREET ADDRESS 1995 OAKLAND PARK BLVD., SUITE 220 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Addition ☐ Change C Oelete TITLE TITLE NAME TAVERAS, HAYSEL NAME STREET ADDRESS 1995 OAKLAND PARK BLVD., SUITE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT, L'AUDERDALE FL 33306 ☐ Change ☐ Addition TITLE VD- -Dēlete TITLE CLARK: TRACLE NAME NAME STREET ADDRESS STREET ADDRESS 1995 OAKLAND PARK BLVD., SUITE 220 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CLARK, ANTHONY W NAME NAME STREET ADDRESS 1995 OAKLAND PARK BLVD., SUITE 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 fue 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.