

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90088 035 ***150.00

0256495
 AV

DOCUMENT # K36097

1. Entity Name
STARBRITE INVESTMENTS OF AMERICA, INC.

Principal Place of Business
 1470 NE 128 ST
 1216
 MIAMI FL 33161

Mailing Address
 1470 N.E. 123RD STREET
 1216
 NORTH MIAMI FL 33161
 US

2. Principal Place of Business
 1470, N.E. 123 ST
 Suite, Apt. #, etc.
 1216

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 N. MIAMI, FL

City & State

Zip 33161 **Country** U.S.A.

4. FEI Number 65-0094015 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JEREMIE, PAUL
 1470 N.E. 123RD STREET
 SUITE 1216
 NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE TM	<input type="checkbox"/> Delete
NAME JEREMIE, PAUL	
STREET ADDRESS 17890 WEST DIXIE HIGHWAY, #118	
CITY-ST-ZIP NORTH MIAMI BEACH FL	
TITLE S	<input type="checkbox"/> Delete
NAME JEREMIE, MARGARETH	
STREET ADDRESS 1470 N.E. 123 ST., #1216	
CITY-ST-ZIP NORTH MIAMI BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	

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 life empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2002 (305) 893-4087
 Date Daytime Phone #

CR2E034 (9/01)