

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L58657

1. Entity Name

STARQUEST PRODUCTIONS, INC.

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90018 035 \*\*\*150.00

Principal Place of Business

Mailing Address

5003 WHEATLEY CT  
LANTANA FL 33462  
US

5003 WHEATLEY CT  
LANTANA FL 33462  
US

2. Principal Place of Business

3. Mailing Address

9 Sun valley East

Suite, Apt. #, etc.

9723 PAVOROHI Terrace #203

City & State

Boynton Beach

City & State

FLORIDA 33437

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0190789

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

CINGARI, SUSAN

6003 Wheatley Ct  
Lantana, FL 33462

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

*Susan Cingari*

3/28/00

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, 2000 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 PD  
NAME CINGARI, SUSAN  
STREET ADDRESS 6003 Wheatley Ct  
CITY-ST-ZIP Lantana, FL 33462 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME 9723 PAVOROHI Terrace #203  
STREET ADDRESS Boynton Beach, FL 33437  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 this 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:

*Susan Cingari*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

DATE

561-641

Daytime Phone #

CS06

CR2000 (9/99)