

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

02839668 AV

DOCUMENT # L93445

1. Entity Name
STAR ISLAND ACCESSORIES CORP.



Principal Place of Business
**8001 NW 64 ST
MIAMI FL 33166
US**

Mailing Address
**8001 NW 64 ST
MIAMI FL 33166
US**



2. Principal Place of Business

3. Mailing Address

1006 MARLEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HAINES CITY FL

Zip

Country

Zip

Country

33844

USA

4. FEI Number **65-0211579**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEGRE, MARC
780 CENTRAL FLORIDA PKWY
ORLANDO FL 32820
1006 MARLEY DR
HAINES CITY, FL
33844

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

Signature, typed or printed name of registered agent and title if applicable.

(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	VP	<input type="checkbox"/> Delete
NAME	ALLEGRE, MARC	
STREET ADDRESS	780 CENTRAL FLORIDA PKWY	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	P	<input type="checkbox"/> Delete
NAME	MINGVEZ, PATRICE	
STREET ADDRESS	780 CENTRAL FLORIDA PKWY	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03 (863) 5471095

CR2E034 (10/02)