

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90072 027 \*\*\*150.00

**DOCUMENT # M10927**

1. Entity Name  
**STARLOGIC, INC.**



Principal Place of Business  
**10112 NW 59TH  
PARKLAND FL 33278**

Mailing Address  
**10112 NW 59 COURT  
PARKLAND FL 33076  
US**

2. Principal Place of Business  
**11250 HERON BAY BLVD**

3. Mailing Address  
**5944 CORAL RIDGE DR.**

Suite, Apt. #, etc.  
**#1524**

Suite, Apt. #, etc.  
**#117**

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS, FL**

Zip  
**33076**

Country  
**BROWARD**

Zip  
**33076**

Country  
**BROWARD**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2488713**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PAULO VALVEZAN  
10112 NW 59TH COURT  
PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name **PAULO VALVEZAN**

Street Address (P.O. Box Number is Not Acceptable)

**5944 CORAL RIDGE DR. #117**

City **CORAL SPRINGS**

FL

Zip Code **33076**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-4-03**

**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

TITLE **PS** ☐ Delete  
NAME **VALVEZAN, PAULO**  
STREET ADDRESS **10112 NW 59 CT**  
CITY-ST-ZIP **PKLND FL 33076**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.S.** ☒ Change ☐ Addition  
NAME **VALVEZAN PAULO**  
STREET ADDRESS **5944 CORAL RIDGE DR. #117**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

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

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

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TITLE ☐ Change ☐ 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: *Paulo Valvezan* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-4-03 754 368-0164**

CR2E034 (10/02)