

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91638 002 ****61.25

DOCUMENT # N00000004995

1. Entity Name

STELLAR KIDS INC.

Principal Place of Business

7394 HAZELWOOD CR
 LAKE WORTH FL 33467

Mailing Address

7394 HAZELWOOD CR
 LAKE WORTH FL 33467

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1094806

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

MISTRETTA, JOHN

7394 HAZELWOOD CR
 LAKE WORTH FL 33467

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 **JOHN MISTRETTA**

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

(NOT a Registered Agent signature required when reinstating)

DATE

1/4/2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **MISTRETTA, JOHN**
 STREET ADDRESS **7394 HAZELWOOD CR**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D KATHLEEN INGERSON** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **7394 HAZELWOOD CR.**
 CITY-ST-ZIP **L.W. FL. 33467**

TITLE **D** ☐ Delete
 NAME **BLOCKSON, PAUL**
 STREET ADDRESS **1802 PIERCE DR**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D.** ☐ Change ☒ Addition
 NAME **SAM AGRESTE**
 STREET ADDRESS **7394 HAZELWOOD CR.**
 CITY-ST-ZIP **L.W. FL. 33467**

TITLE **S** ☒ Delete
 NAME **LIMONTAS, FITZGERALD**
 STREET ADDRESS **900 FERN STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DR. DAMICO** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **7394 HAZELWOOD CR.**
 CITY-ST-ZIP **L.W. FL. 33467**

TITLE **D** ☐ Delete
 NAME **CARSWELL, KENNETH**
 STREET ADDRESS **5864 TRIPHAMMER ROAD**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

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

TITLE **D** ☐ Delete
 NAME **HOFFMAN, RICK**
 STREET ADDRESS **1324 GRSVENTURE CT**
 CITY-ST-ZIP **FREEMONT CA**

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

TITLE **D** ☐ Delete
 NAME **SCHILLACE, ANTHONY**
 STREET ADDRESS **7427 KINGSLEY CT**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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 617, 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:

JOHN MISTRETTA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2002 561 966 0720

CR2E037 (9/01)