2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000001121

1. Entity Name



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90093 030 ****61.25

STARLIGH ER, INC.	IT-HOLY-TEMPLE-COMMUNI	TY DEVELOPMENT CE	M		01 21 2 000 30			
Principal Place 1430 NW 79TH MIAMI FL 33147	ST	Mailing Address 1430 NW 79TH ST MIAMI FL 33147						
2. Principal Place of Business 1430 NW 79 Suite, Apt. #, etc. 3. Mailing Addi 1430 Suite, Apt. # Suite, Apt.			30 NM 19 34		☐ CHECK HERE IF MAKING CHANGES			
:_City & State MIAMI Fla		City & State CALA	City & State MIAMI Fla)-0034 <u>6</u>	40	applied For lot Applicable	
Zip 33 1		Zip 33147	Country	5. Certificate of S		S8.75 A	dditional	
	6. Name and Address of Current			7. Name and Ad	dress of New Regis			
			Name					
MURRAY, JIMMY 954 NW 77TH ST			Street Address (P.O. Box Number is Not Acceptable)					
miami fl	33150							
			City			FL Zip Co	de	
SIGNATURE _	ions of registered agent. Signature, typed or printed name of registered agent.	9. Election Cam Trust Fund Co	paign Financing	s5.00 May Be Added to Fees		Check Payable Department of		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTORS I		
NAME	PD MURRAY, JIMMY 954 NW 77TH ST MIAMI FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	☐ Addition	
TITLE NAME	SD ROBINSON, CARDRA 21355 NW 9TH CT APT 101 MIAMI FL 33169	™ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wanda A.N 801 N.W. 179 Migmi Fi	ach histreet 33169	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURRAY, MARY 954 NW 77TH ST MIAMI FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1-15:2003

☐ Change

☐ Addition