

2000 UNIFORM BUSINESS REP

3/13/14

DOCUMENT # N99000000285

FILED
Jun 08, 2000 8:00 am
Secretary of State

1. Entity Name

STARS BOOSTERS, INC.

Principal Place of Business

10300 SW 82ND AVE.
MIAMI FL 33156

Mailing Address

10300 SW 82ND AVE.
MIAMI FL 33156-2516

2. Principal Place of Business

15077 S. Dixie Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

4. FEI Number

05-0891516

☒ Applied For☐ Not Applicable

Zip

33176

Country

DADE

Zip

Country

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

6. Name and Address of Current Registered Agent

MEIRELRS, JUAN E
10300 SW 82ND AVE.
MIAMI FL 33156

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/00

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> Delete
NAME	Juan E. Meirelrs D	
STREET ADDRESS	10300 SW 82 Ave	
CITY-ST-ZIP	MIAMI, FL 33156	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Angeles R. Armas D	
STREET ADDRESS	5571 Arbor Lane	
CITY-ST-ZIP	Coral Gables, FL 33156	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Jacqueline Abail D	
STREET ADDRESS	8356 SW 58 St	
CITY-ST-ZIP	MIAMI, FLA. 33143	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Cheryl Winchester D	
STREET ADDRESS	17055 SW 192 St.	
CITY-ST-ZIP	MIAMI, FL 33187	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE REQUIRED

3-8-00

(305) 634-1511

Date

Daytime Phone #

CP2E037 (9/99)

SP