FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90085 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012112

1. Entity Name
STARDUST INTERNATIONAL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
216 South Atlantic Ave
Suite, Apt. #, etc.
City & State
ORMOND BEACH FL
Zip — Country
32176 VOLUSIA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3707580
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Computax Service Inc
Street Address (P.O. Box Number is Not Acceptable)
25 OLD Kings Rd S-C
City PALM COAST FL Zip Code 32137

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] 04.23.02
Signature, typed or printed name of registered agent and title if applicable. (Both, Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MONIKA BAK
STREET ADDRESS	216 S ATLANTIC AVE
CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE: [signature] MONIKA BAK pres. 04.23.02
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DESCRIBED Date Daytime Phone #