

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Mar 01, 2001 8:00 am  
Secretary of State

01-31-2001 90276 040 \*\*\*150.00

DOCUMENT # P00000014125

1. Entity Name

SECOND STAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3300 UNIVERSITY DRIVE STE 501  
CORAL SPRINGS FL 33065

3300 UNIVERSITY DRIVE STE 501  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

15970 BAYSIDE POINTE W

15970 BAYSIDE POINTE W.

Suite, Apt. #, etc.

APT 306

City & State

Fort Myers, FL

Zip

33908

Country

Suite, Apt. #, etc.

APT 306

City & State

FORT MYERS, FL

Zip

33908

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0482854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUM, MARVIN  
3300 UNIVERSITY DRIVE STE 501  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name: BLUM MARVIN  
Street Address (P.O. Box Number is Not Acceptable)  
15970 BAYSIDE POINTE W  
APT 306  
City: FORT MYERS FL Zip Code: 33908

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

(NOTE: 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)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, MARVIN 3300 UNIVERSITY DRIVE STE 501 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15970 BAYSIDE POINTE W FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN BLUM

Date

Daytime Phone #

11/25/01 941 481 9863

CR2E034 (10/00)