

2001 UNIFORM BUSINESS REPORT (UBR)

0230177

DOCUMENT # P00000054701

1. Entity Name

FOUR STARZ HOLDINGS, INC.

APPROVAL
AND
FILED

01 MAY -4 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13899 BISCAYNE BOULEVARD
SUITE 400
N. MIAMI BEACH FL 33181

Mailing Address
13899 BISCAYNE BOULEVARD
SUITE 400
N. MIAMI BEACH FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

DANIELS, ABRAHAM M
13899 BISCAYNE BOULEVARD
SUITE 400
N. MIAMI BEACH FL 33181

Name Daniel DeLiege
Street Address (P.O. Box Number is Not Acceptable) 13899 Biscayne Blvd Suite 400
City N. Miami Beach, FL Zip Code 33181

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

Abraham M. Daniels

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

(NOT 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
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	P	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, ABRAHAM M	
STREET ADDRESS	13899 BISCAYNE BOULEVARD	
CITY - ST - ZIP	N. MIAMI BEACH FL 33181	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OLIVO, ANA	
STREET ADDRESS	13899 BISCAYNE BOULEVARD	
CITY - ST - ZIP	N. MIAMI BEACH FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel DeLiege	
STREET ADDRESS	13899 Biscayne Blvd	
CITY - ST - ZIP	N. Miami Beach, FL 33181	
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		

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:

Abraham M. Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

341-3456

Daytime Phone #

CR2E034 (10/00)