

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081340

1. Entity Name
STAR MANAGEMENT GROUP INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90152 010 ***150.00

Principal Place of Business

4100 NE 25TH AVE.
LIGHTHOUSE PT. FL 33064

Mailing Address

4100 NE 25TH AVE.
LIGHTHOUSE PT. FL 33064

Change

2. Principal Place of Business

3. Mailing Address

3471 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

FT. LAUD, FL

4. FEJ Number

65-1036878

Applied For

Not Applicable

Zip

Country

33306

Country

BROWARD

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

ROGERS, JACK F
4100 NE 25TH AVE.
LIGHTHOUSE PT. FL 33064

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

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	Rogers, Jack F. 4100 NE 25th Ave LHP, PT FL 33064 <i>Dir</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: *JACK F. ROGERS* JACK F. ROGERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 (954) 630-0594

Date

Daytime Phone #

CR2E034 (10/00)