

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90878 006 ***150.00

DOCUMENT # P00000091092 ✓

1. Entity Name

STAR Promotions USA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3248 70th ST N.

3. Mailing Address

3248 70th ST N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

59-367 5803

Applied For

Not Applicable

Zip 33710

Country USA

Zip 33710

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES C. SCIANDRA

Street Address (P.O. Box Number is Not Acceptable)

3248 70th ST N.

City

ST PETERSBURG

FL

Zip Code 33710

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
CHARLES L. SCIANDRA
3248 70th ST N
ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

REGISTERED AGENT
JAMES C. SCIANDRA
3248 70th ST N
ST PETERSBURG FL 33710

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. SCIANDRA

Date

Daytime Phone #

4/30/02

727 302 0669

CR2E034B (12/01)