

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90140 029 ***150.00

DOCUMENT # P00000093370

1. Entity Name
STARDANCER MIAMI BEACH CORP.

Principal Place of Business Mailing Address
1180 HIGHWAY 17 **1180 HIGHWAY 17**
LITTLE RIVER SC 29566 **LITTLE RIVER SC 29566**

B005b144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1280 5th Street Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
MIAMI BEACH FL **57-1108305** Not Applicable
 Zip Country Zip Country
33139 **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
HALE, MARION Name
911 CHESTNUT STREET Street Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 33756 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 **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D GRAY, SAMUEL
STREET ADDRESS		STREET ADDRESS	PO Box 1110
CITY-ST-ZIP		CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D GRAY, MARLIN
STREET ADDRESS		STREET ADDRESS	PO Box 1110
CITY-ST-ZIP		CITY-ST-ZIP	FERNANDINA BEACH FL 32034
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Marilyn D. Gray** 5/1/01 Date Daytime Phone #

CR2E034 (10/00)