

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90036 033 \*\*\*150.00

**DOCUMENT # P00000115494**

**1. Entity Name**  
**STAR BUSINESS, INC.**

**Principal Place of Business**

~~4200 SHERIDAN STREET~~  
~~SUITE 357~~  
~~HOLLYWOOD FL 33021~~

**Mailing Address**

~~4200 SHERIDAN STREET~~  
~~SUITE 357~~  
~~HOLLYWOOD FL 33021~~

**2. Principal Place of Business**

**901 Hillcrest Dr.**

**3. Mailing Address**

**901 Hillcrest Dr.**

Suite, Apt. #, etc.

**604**

Suite, Apt. #, etc.

**604**

City & State

**Hollywood FL**

City & State

**Hollywood FL**

**4. FEI Number**

**65-1063081**

Applied For

Not Applicable

Zip

**33021**

Country

**USA**

Zip

**33021**

Country

**USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **Sandra Goldstein**  
 Street Address (P.O. Box Number is Not Acceptable) **901 Hillcrest Dr. #604**  
 City **Hollywood** FL **33021**

**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**

*Sandra Goldstein* **Sandra Goldstein - Pres.** **4/29/02**

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, 2002 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**

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDSTEIN, SANDRA</b>	
STREET ADDRESS	<b>4200 SHERIDAN STREET SUITE 357</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>901 Hillcrest Dr. #604</b>	
CITY-ST-ZIP	<b>Hollywood FL 33021</b>	
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		
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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:**

*Sandra Goldstein* **Sandra Goldstein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

Date

**954-962-2515**

Daytime Phone #

CR2E034 (9/01)