FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2004 8:00 am
Secretary of State
05-28-2004 90001 047 ***150.00

DOCUMENT # P04000115494

1. Entity Name
STAR Business, Inc

DO NOT WRITE IN THIS SPACE

54055654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
901 HILLCREST Dr	SAME
Suite, Apt. #, etc.: 604	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL.	City & State
Zip: 33021 Country: USA	Zip Country

4. FEI Number: 65-1063081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SANDRA GOLDSTEIN
Street Address (P.O. Box Number is Not Acceptable): 901 HILLCREST DR. # 604
City: HOLLYWOOD FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sandra Goldstein
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT SANDRA GOLDSTEIN
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/TREASURER SANDRA GOLDSTEIN
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #