

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91512 028 \*\*\*150.00

0207726 AV

**DOCUMENT # P01000016498**

**1. Entity Name**  
**STARTAIL APARTMENTS, INC.**

**Principal Place of Business**  
**4148 S.W. 51ST STREET**  
**APT. SOUTH**  
**FORT LAUDERDALE FL 33314**

**Mailing Address**  
**4148 S.W. 51ST STREET**  
**APT. SOUTH**  
**FORT LAUDERDALE FL 33314**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**I DO NOT HAVE**  
**Suite, Apt. #, etc. BUSINESS**

**3. Mailing Address**  
**4148 SW. 51 ST.**  
**Suite, Apt. #, etc. # SOUTH.**

**City & State**  
**Fort.**  
**Zip**  
**Country**

**City & State**  
**FORT, LAUDERDALE**  
**Zip**  
**33314**  
**Country**  
**BROWARD**

**4. FEI Number**  
**02-0562846**  
☒ **Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FT. LAUDERDALE FL 33311-4132**

**7. Name and Address of New Registered Agent**  
**Name**  
**MIRKO PAULIC**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4148 SW. 51 ST. #S.**  
**City**  
**FORT. LAUDERDALE FL**  
**Zip Code**  
**33314**

**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**  
*Mirko Paulic*

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D PAULIC, MIRKO
STREET ADDRESS	4148 S.W. 51ST STREET APT. SOUTH
CITY-ST-ZIP	FORT LAUDERDALE FL 33314
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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	
CITY-ST-ZIP	
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	
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:** *MIRKO PAULIC* *Mirko Paulic* *April/26/02* *954-261-2883*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)