

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90256 008 ***150.00

0392489
 AV

DOCUMENT # P01000028398

1. Entity Name

CREDITSTAR CORPORATION

Principal Place of Business

Mailing Address

1926 10TH AVE NORTH STE 400
 LAKE WORTH FL 33461

1926 10TH AVE NORTH STE 400
 LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1085042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRA, OLGA E
1926 10TH AVE NORTH STE 400
LAKE WORTH FL 33461

Name

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BERSTEIN, MICHAEL E**
 STREET ADDRESS **1926 10TH AVE NORTH STE 400**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D/EVP/S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KASS, STEPHEN B**
 STREET ADDRESS **1926 10TH AVE NORTH STE 400**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D/P** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **595 9th St.**
 CITY-ST-ZIP **Santa Monica, CA 90402**

TITLE **D** ☐ Delete
 NAME **SHAPIRO, HONORA**
 STREET ADDRESS **1926 10TH AVE NORTH STE 400**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Michael E. Bernstein* **Michael E. Bernstein, Executive Vice President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3/27/02 (561) 540-6224 Daytime Phone #

CR2E034 (9/01)



ATTACHMENT

Stephen Brent Kass
President, Chief Executive Officer
SBKASS@aol.com

April 1, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Credistar Corporation
P01000028398

/622893

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business report for the above referenced corporation together with Check Number 1040 in the amount of \$150 in payment of the filing fee.

Sincerely,

Heather S. Murphy

Heather S. Murphy
Compliance Administrator

/hsm
Enclosures