

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-20-2004 90010 036 \*\*\*61.25  
P01000052441

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -3 AM 8:00

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*MRS*

DOCUMENT # *P01000052441*  
1. Entity Name *THE STAR LAB ENZYME CORPORATION*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*17096 COLLINS AVE.*  
Suite, Apt. #, etc.  
*# D-105*  
City & State  
*SUNNY ISLES BEACH FL*  
Zip  
*33160* Country  
*U.S.*

3. Mailing Address  
*17096 COLLINS AVE.*  
Suite, Apt. #, etc.  
*# D-105*  
City & State  
*SUNNY ISLES BEACH FL*  
Zip  
*33160* Country  
*U.S.*

4. FEI Number  
☐ Applied For  
☒ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name  
*CLIFFORD CUNNINGHAM*  
Street Address (P.O. Box Number is Not Acceptable)  
*17096 COLLINS AVE.*  
*# D-105*  
City  
*SUNNY ISLES BEACH* FL Zip Code  
*33160*

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 *Clifford Cunningham* *CLIFFORD CUNNINGHAM* *FEB. 16, 2004*  
Signature and 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*  
*CLIFFORD CUNNINGHAM*  
*17096 COLLINS AVE. # D-105*  
*SUNNY ISLES BEACH FL 33160*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*S*  
*SCOTT BEASON*  
*805 E. CORTE ORO*  
*PHOENIX AZ 85020*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**REINSTATEMENT 03-04**

200030138912  
03/10/04--01018--005 \*\*238.75

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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: *Clifford Cunningham* *CLIFFORD CUNNINGHAM* *FEB. 16, 2004* *888-336-9963*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)