

Amended \$ 61.25
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 15 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/15/02--01096--004 **61.25

DOCUMENT #

1. Entity Name

STARNET.COM.INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 BISCAYNE BLVD

3. Mailing Address

401 BISCAYNE BLVD

Suite, Apt. #, etc.

SUIT 5-254

Suite, Apt. #, etc.

SUIT 5-254

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33132

Country

Zip

33132

Country

4. FEI Number

52-2379508

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDGAR Z MARTINEZ

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

401 BISCAYNE BLVD

SUIT 5-254

City

MIAMI

FL

Zip Code

33132

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)

11/11/02.
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
EDGAR ZAHIR MARTINEZ
401 BISCAYNE BLVD
MIAMI, FL, 33132

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02 (854) 296-9434
Date Daytime Phone #

CR2E034B (12/01)