

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90035 047 \*\*\*158.75

**DOCUMENT # P01000064447**

**1. Entity Name**  
**STAR DATE CHARTERS, INC.**

<b>Principal Place of Business</b> 3301 RICKENBACKER CAUSEWAY #B-59 KEY BISCAYNE FL 33149	<b>Mailing Address</b> 3301 RICKENBACKER CAUSEWAY #B-59 KEY BISCAYNE FL 33149
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <i>Rickenbacker Marina</i> Suite, Apt. #, etc. <i>3301 Rickenbacker C'way A-48</i> City & State <i>Key Biscayne, FL</i> Zip <i>33149</i>	<b>3. Mailing Address</b> <i>Same as Above</i> Suite, Apt. #, etc. <i>A-48</i> City & State <i>Key Biscayne, FL</i> Zip <i>33149</i>
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<b>4. FEI Number</b> <i>105-1167519</i>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**PAUL, FREDERICK R**  
**3301 RICKENBACKER CAUSEWAY**  
**#B-59**  
**KEY BISCAYNE FL 33149**

**7. Name and Address of New Registered Agent**  
 Name *Paul, Frederick R*  
 Street Address (P.O. Box Number is Not Acceptable)  
~~Paul, Frederick R~~ *3301 Rickenbacker C'way*  
~~Key Biscayne, FL~~ *A-48*  
 City *Key Biscayne* **FL** Zip Code *33149*

**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 *Frederick R Paul* DATE *April 24, 2002*  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAUL, FREDERICK R</b> <b>3301 RICKENBACKER CAUSEWAY #B-59</b> <b>KEY BISCAYNE FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Paul, Frederick R</b> <b>3301 Rickenbacker C'way A-48</b> <b>Key Biscayne, FL 33149</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Frederick R Paul* **April 24, 2002** 786-371-6837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR 1009 AV

CR2E034 (9/01)