

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90079 046 ***158.75

DOCUMENT # P01000081324

1. Entity Name
STAR LUX, INC.



Principal Place of Business
**400 SOUTH DIXIE HIGHWAY
SUITE 4
HALLANDALE FL 33009**

Mailing Address
**400 SOUTH DIXIE HIGHWAY
SUITE 4
HALLANDALE FL 33009**



2. Principal Place of Business
400 SOUTH DIXIE

Suite, Apt. #, etc.
SUITE #4

City & State
HALLANDALE, FLORIDA

Zip
33009

Country
USA

3. Mailing Address
400 SOUTH DIXIE

Suite, Apt. #, etc.
SUITE# 4

City & State
HALLANDALE, FLORIDA

Zip
33009

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1138097**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BAGDADI, RUGGIERO
400 SOUTH DIXIE HIGHWAY
SUITE 4
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
**DP
BAGDADI, RUGGIERO
400 SOUTH DIXIE HIGHWAY SUITE 4
HALLANDALE FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BAGDADI, RAQUEL
400 SOUTH DIXIE HIGHWAY SUITE 4
HALLANDALE FL 33009** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/03

954-457-3399

Ruggiero Bagdadi

Date

Daytime Phone #

CR2E034 (10/02)