

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90030 022 ***150.00

DOCUMENT # P01000103207

1. Entity Name

STARFISH PROPERTIES INTERNATIONAL, INC.

Principal Place of Business

**4900 OCEAN BLVD SUITE 1504
 FORT LAUDERDALE FL 33308**

Mailing Address

**4900 OCEAN BLVD SUITE 1504
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business

902 N.E. 1st Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

65-1148126

Applied For

☐ Not Applicable

Zip

33060

Country

Broward

Zip

33060

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ONEIL, SEAN

**4900 OCEAN BLVD SUITE 1504
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

ONEIL, SEAN

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

902 N.E. 1st Street

City

Pompano Beach

FL

Zip Code

33060

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

Janet Copland, **JANET COPLAND, PRESIDENT** **4/16/02**

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

TITLE **D** ☐ Delete
 NAME **ONEIL, SEAN**
 STREET ADDRESS **4900 OCEAN BLVD SUITE 1504**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete
 NAME **COPLAND, JANET**
 STREET ADDRESS **4900 OCEAN BLVD SUITE 1504**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **ONEIL, SEAN**
 STREET ADDRESS **902 N.E. 1st Street**
 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☒ Change ☐ Addition
 NAME **COPLAND, JANET**
 STREET ADDRESS **902 N.E. 1st Street**
 CITY-ST-ZIP **POMPANO BEACH, FL 33060**

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

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

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

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)(f), 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:

Janet Copland
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02
 Date

Date

954 943-7740
 Daytime Phone #

CR2E034 (9/01)