

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90119 017 ***150.00

DOCUMENT # P02000128651

1. Entity Name

STARPECKER INC.



Principal Place of Business

**8717 SW 147TH PL.
MIAMI FL 33193**

Mailing Address

**8717 SW 147TH PL.
MIAMI FL 33193**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0587657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHRISTIAN, DAVID
8717 SW 147TH PL.
MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name **Rene L. Velazquez, CPA**

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

7892 SW 101 Terrace

City **Miami**

FL

Zip Code **33156**

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

Rene L. Velazquez, CPA **Rene L. Velazquez**

03-03-03

Signature, typed or printed name of registered agent, and date (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CHRISTIAN, DAVID 8717 SW 147TH PL. MIAMI FL 33193 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LOWE, PAUL 8717 SW 147TH PL. MIAMI FL 33193 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JEFFERY, MARIE 8717 SW 147TH PL. MIAMI FL 33193 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABRAHAM, ANDREW 8717 SW 147TH PL. MIAMI FL 33193 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, CLIFFORD 8717 SW 147TH PL. MIAMI FL 33193 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOURINO, RUBEN 8717 SW 147TH PL. MIAMI FL 33193 | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RUBEN MOURINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN MOURINO DIRECTOR

Date

Daytime Phone #

02/11/03

305-382-2121

CR2E034 (10/02)