

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90696 050 \*\*\*150.00

**DOCUMENT # P02000129287**

1. Entity Name

STAR AMERICA RETAILERS, INC.



Principal Place of Business

11300 66TH STREET  
416

LARGO FL 33773

Mailing Address

11300 66TH STREET  
416

LARGO FL 33773

2. Principal Place of Business

KEYSTONE CITGO

Suite, Apt. #, etc.

3. Mailing Address

10761 49TH ST. N.

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

CLEARWATER, FL

Zip

33762

Country

FLORIDA

Zip

33762

Country

FLORIDA

4. FEI Number

134227019

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

BASARIA, KAREEM R

11300 66TH STREET

416

LARGO FL 33773

7. Name and Address of New Registered Agent

Name

SULTAN

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 P  
NAME BASARIA, KAREEM R  
STREET ADDRESS 11300 66TH STREET, #416  
CITY-ST-ZIP LARGO FL 33773

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT  
NAME SULTAN ALI SAMHANI  
STREET ADDRESS 200 STARCREST DRIVE  
CITY-ST-ZIP CLEARWATER, FL 33765

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

Date

Daytime Phone #

3/10/03

CR2E034 (10/02)