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FILED
Aug 22, 2001 8:00 am
Secretary of State

08-07-2001 90016 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21736				LA	
1. Entry Name					
STAR TRAX ENTERPRISES, INC.					
Principal Place of Business			Mailing Address		
PLEASURE ISLAND WDW 1650 BUENAVISTA BLVD. LAKE BUENA VISTA, FL 32830			7801 NORFOLK AV 7766 WOODMONT AVENUE BETHESDA MD 20814		
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				Applied For	
62-1370259				Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET, STE 105 TALLAHASSEE, FL 32301			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.					
SIGNATURE 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) ☒			10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LIEBERMAN, PHYLLIS		NAME		
STREET ADDRESS	7801 NORFOLK AV.		STREET ADDRESS		
CITY - ST - ZIP	BETHESDA, MD 20814		CITY - ST - ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LIEBERMAN, PHYLLIS		NAME		
STREET ADDRESS	7801 NORFOLK AV.		STREET ADDRESS		
CITY - ST - ZIP	BETHESDA, MD 20814		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(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: <i>Phyllis Lieberman</i> Pres. 8/13/01					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

CR2E034 (11/00)