## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P93000001993** Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** STAR STUFF, INC. 02-24-2000 90003 002 \*\*\*158.75 Mailing Address Principal Place of Business 12100 N.E. 16TH AVE. 12100 N.E. 16TH AVE. NORTH MIAMI FL 33161-6500 NORTH MIAMI FL 33161 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0382201 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHELDON PETT Street Address (P.O. Box Number is Not Acceptable) 12100 N.E. 16TH AVE. SUITE 105 NORTH MIAMI FL 33161 Zip Code City FL 8. The above named entity submits this statement for the purpose of chariging 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Detete TITLE EUBEN, ARTHUR NAME STREET ADDRESS STREET ADDRESS 721 N.E. 203RD LANE CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33179 ☐ Addition Change ☐ Delete TITLE NAME SHELDON, PETT NAME STREET ADDRESS 721 NE 203 LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL Change ☐ Addition ☐ Defete TITLE TITLE NAME PETT, LAURA E. NAME STREET ADDRESS STREET ADDRESS 721 N.E. 203RD LANE CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33179 Change Addition Delete TITLE TITLE NAME NAME EUBEN, JEAN STREET ADDRESS STREET ADDRESS 721 N.E. 203RD LANE CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL 33179 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this middeated on this report or supplemental report is true an nis fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears is Block 11 or Block 12 it of the corporation or the receiver or trustee emporchanged, or on an attachment with an address.