

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000021427**

1. Entity Name  
**STAR TELECOM, INC.**

Principal Place of Business  
 13351 S.W. 131 STREET  
 MIAMI FL 331865816

Mailing Address  
 13351 S.W. 131 STREET  
 MIAMI FL 331865816

2. Principal Place of Business  
 8306 MILLS DRIVE

3. Mailing Address  
 8306 MILLS DRIVE

Suite, Apt. #, etc.  
 SUITE 210

Suite, Apt. #, etc.  
 SUITE 210

City & State  
 MIAMI FL

City & State  
 MIAMI FL

Zip  
 33183

Country

Zip  
 33183

Country

4. FEI Number  
**65-0485581**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

VALME NADINE  
 13351 S.W. 131 STREET  
 MIAMI FL 33186 US

**7. Name and Address of New Registered Agent**

Name  
 VALME NADINE  
 Street Address (P.O. Box Number is Not Acceptable)  
 11020 SW 139 ROAD  
 City MIAMI FL Zip Code 33176

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 \_\_\_\_\_ DATE **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	T	<input type="checkbox"/> Delete
NAME	VALME NADINE	
STREET ADDRESS	13351 S.W. 131 STREET	
CITY-ST-ZIP	MIAMI FL 331865816	
TITLE	P	<input type="checkbox"/> Delete
NAME	VALME RAYMOND J	
STREET ADDRESS	13351 S.W. 131 STREET	
CITY-ST-ZIP	MIAMI FL 331865816	
TITLE	D	<input type="checkbox"/> Delete
NAME	AINA MARIE-MARTHE	
STREET ADDRESS	13351 S.W. 131 STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALME NADINE	
STREET ADDRESS	8306 MILLS DRIVE SUITE 210	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALME RAYMOND J	
STREET ADDRESS	8306 MILLS DRIVE SUITE 210	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINA MARIE-MARTHE	
STREET ADDRESS	8306 MILLS DRIVE SUITE 210	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:** Raymond J. Valme **DR** 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)