

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072875

1. Entity Name

STARK INTERNATIONAL CORPORATION

Principal Place of Business

8180 N.W. 36TH ST., SUITE 100
MIAMI FL 33166

Mailing Address

8180 N.W. 36TH ST., SUITE 100
MIAMI FL 33166

2. Principal Place of Business

8180 N.W. 36 ST.

Suite, Apt. #, etc.

SUITE 230

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Address

8180 N.W. 36 ST.

Suite, Apt. #, etc.

SUITE 230

City & State

MIAMI, FL

Zip

33166

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0533402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO S

8180 N.W. 36TH ST., SUITE 100
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

EDUARDO S. GONZALEZ

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

8180 N.W. 36 ST.

SUITE 230

City

MIAMI

FL

Zip Code

33166

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) ☒

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 ☐ Delete
NAME D
STREET ADDRESS PAOLUCCI, ABELARDO
CITY-ST-ZIP 8180 N.W. 36TH STREET, STE 100
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D, P
STREET ADDRESS PAOLUCCI, ABELARDO
CITY-ST-ZIP 8180 N.W. 36 ST., STE 230
MIAMI, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *AB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-01 (305) 477-7447

Daytime Phone #

CR2E034 (10/00)

0210215