

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000084293

1. Entity Name

STAR INTERNATIONAL PURCHASING AGENT, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90002 004 ***150.00

Principal Place of Business

Mailing Address

444 BRICKELL AVENUE
SUITE 51-125
MIAMI FL 33131-2492

444 BRICKELL AVENUE
SUITE 51-125
MIAMI FL 33131-2403

2. Principal Place of Business

3. Mailing Address

MIAMI, FLORIDA

444 BRICKELL AVE.

Suite, Apt. #, etc.
51-125

Suite, Apt. #, etc.
51-125

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number 65-0597851

Applied For

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

JIMENEZ, HECTOR JR.
444 BRICKELL AVENUE
SUITE 51-125
MIAMI FL 33131-2492

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JIMENEZ, HECTOR SR.
STREET ADDRESS 444 BRICKELL AVENUE, #51-125
CITY-ST-ZIP MIAMI FL 33131-2492 ☐ Delete

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

TITLE VST
NAME JIMENEZ, HECTOR B JR.
STREET ADDRESS 444 BRICKELL AVENUE, #51-125
CITY-ST-ZIP MIAMI FL 33131-2492 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HECTOR JIMENEZ SR.

Date

Daytime Phone #

1/7/2000 = 305-373-5365

CR2E034 (9/99)