

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000084293**

1. Entity Name

STAR INTERNATIONAL PURCHASING AGENT, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90030 038 ***150.00

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

MIAMI, FLORIDA**444 BRICKELL AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 51-125

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33131**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 **HECTOR JIMENEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/2001

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, HECTOR SR.	NAME	
STREET ADDRESS	444 BRICKELL AVENUE, #51-125	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2492	CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, HECTOR B JR.	NAME	
STREET ADDRESS	444 BRICKELL AVENUE, #51-125	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2492	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2001: **(305)-373-5355**

Date

Daytime Phone #

CR2E034 (10/00)