DOCUMENT # P95 00000 423

1. Entity Name

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Principal Place of Business Mailing Address					OI APR 10 PM 2: 43			
5200 NW 33rd Ave. Ste. 215					ereperaby he state			
Ft. Lauderdale, FL 33309					SECRETARY U TALLAHASSEE.	FLORIDA		
1.4.			<u></u>					
Principal Place of Business 3. Mailing Addres								
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		HENSTATEMENT 69-01			
City & Sta	te	City & State	City & State		FEI Number 65-0540614		pplie of Applicable	
Zip -	·Country *	Zip	Country	5.	Certificate of Status Desired	S8.75 Ad		
	6. Name and Address of (Current Registered Agent			Name and Address of New I	Registered Agent		
Gary D. Verdier				Name				
		rd Ave. Ste. 21	Street Address		Box Number is Not Acceptable	э)		
Ft. Landerdale FL 33309				- "				
•	M. Landegael	*, L 33304	City			FL Zip Coo	ie	
8. The above	named entity submas his state	ement for the purpose of chang	ing its registered office	or registered ag	ent, or both, in the State of Flo	orida.		
SIGNATURE		Huden	(NOTE: Registered Agent sig			DATE		
	Signature, typed or printed name of ediste							
Tax filing requirement and elects to do soAfter MAY 1, 20			IOW!!! FEE IS \$15 1, 2001 Fee will be Payable to Departme	\$550.00	10. Election Campaign Fir Trust Fund Contribution	nancing \$5.0 on: Added	00 May Be d to Fees	
11.		RS AND DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
TITLE	P.0	Delete	1			☐ Change	☐ Addition	
NAME STREET ADDRESS	William C. Shop 1200 NW 331d A	ne. Ste.215	NAME STREET ADDRES	s`·	700004	013887- /01010930	o	
CITY-ST-ZIP	Ft. Landerdale	<u> 7 33309</u>	CITY-ST-ZIP		www.ucit (1)	<u>/01010930</u> 50 00 sakk 105	012 50 2 00tition	
TITLE NAME	Kin Convole	Delete	TITLE NAME		, ************************************	இட்டியிற்ற இதுக்கையிற்ற இந்தியிற்ற		
STREET ADDRESS	Kip Samuels 1200 NW 33rd Ad Ft. Landerdale	re lte 215	STREET ADDRES	s				
CITY-ST-ZIP TITLE	1 D	☐ Doloto	CITY-ST-ZIP TITLE	DET	<u> </u>	Change	☐ Addition ·	
NAME	Gory D. Verdier 1200 NW 331d Ft. Landerdale	Delete	NAME	Gary	D. Verdier	•		
STREET ADDRESS CITY-ST-ZIP	200 MM 3349	Ave. St. 215	STREET ADDRES CITY-ST-ZIP	2500 Y		(4e. 2 is		
TITLE	T+- Lauderdale		TITLE	Pr. La	uderdale, FL	<u>\$ \$ 30 Q</u> Change	Addition	
NAME			NAME			_ ,	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	5				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRES					
CITY-ST-ZIP			CITY-ST-ZIP			·		
TITLE		☐ Delete	TITLE	'		☐ Change	☐ Addition	
NAME STREET ADDRESS		/	NAME STREET ADDRES	,			1	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	'	T		}	
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13. I hereby certify that the information supplies 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 suppliemental 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 trusted 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01 454.739

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