

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000010729**

1. Entity Name

**STARS LIMITED OF SOUTH FLORIDA, INC.****FILED****Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90002 028 \*\*\*550.00

Principal Place of Business

**1809 W HILLSBORO B:VD  
DEERFIELD BEACH FL 33442  
US**

Mailing Address

**1809 W HILLSBORO BLVD  
DEERFIELD BEACH FL 33442  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0555221**

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****7. Name and Address of New Registered Agent****BROMBERG, ARTHUR  
5968 VISTA LINDA LANE  
BOCA RATON FL 33433**

Name

**DOUGLAS C. MCGREGOR**

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

**5021 NW 60TH ST.****PANCLAND****FL**

Zip Code

**33067**

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 \$550.00****After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BROMBERG, ARTHUR	5968 VISTA LINDA LANE	BOCA RATON FL 33433	<input checked="" type="checkbox"/>		DOUGLAS C MCGREGOR	5021 NW 60TH ST	PANCLAND FL 33067	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	BROMBERG, SUSAN E	5968 VISTA LINDA LANE	BOCA RATON FL 33433	<input checked="" type="checkbox"/>		TAM J MCGREGOR	SAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)