## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 08, 2001 8:00 am Secretary of State DOCUMENT # P95000010729 STARS LIMITED OF SOUTH FLORIDA, INC. 01-08-2001 90039 015 \*\*\*150.00 Principal Place of Business Mailing Address 1809 W HILLSBRORO BLVD 1809 W HILLSBORO B:VD DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite Apt # etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State Applied For 65-0555221 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCGNEGON DOUGLAS C Street Address (P.O. Box Number is Not Acceptable) BROMBERG, ARTHUR 5968 VISTA LINDA LANE 5821 NW 60 TH STR **BOCA RATON FL 33433** Zip Code PÄNKLAND 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 (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. ¥119 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change Change ☐ Addition Delete TITLE DOUGLAS C. MCGNEGON TITLE BROMBERG, ARTHUR NAME NAME STU NW GOTH STN 5968 VISTA LINDA LANE STREET ADDRESS STREET ADDRESS PARKLAND FL. 33067 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** TITLE Delete Addition TANU J. MEGNEGON BROMBERG, SUSAN E NAME SAME AS ABOUT STREET ADDRESS STREET ADDRESS 5968 VISTA LINDA LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP\_ ☐ Change Addition ☐ Delete =:25 NAME NAME STREET ADDRESS STREET ADDRESS ,,, CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZVP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 infinite 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

changed, or on an attachment with an address, with all other like empowered

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: