

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000027086

1. Entity Name

STARGATE GLOBAL STRATEGIES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90001 004 ***150.00

Principal Place of Business Mailing Address
3380 FAIRLANE FARMS RD., SUITE 12 3380 FAIRLANE FARMS RD., SUITE 12
WELLINGTON FL 33414 WELLINGTON FL 33414-8764
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 65-0574985
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DR.
SUITE 500 EAST
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	<input type="checkbox"/> Delete	TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZENGA, V J		NAME		
STREET ADDRESS	1401 FORUM WAY, STE. 302		STREET ADDRESS	3380 Fairlane Farms Rd., Ste. 12	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	Wellington, FLA. 33414	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QI, IVAN		NAME		
STREET ADDRESS	1401 FORUM WAY, STE. 302		STREET ADDRESS	3380 Fairlane Farms Rd., Ste. 12	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	Wellington FLA. 33414	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIO, LILLIAN		NAME	SERAFINO, VICTOR	
STREET ADDRESS	1401 FORUM WAY, STE. 302		STREET ADDRESS	3380 Fairlane Farms Rd., Ste. 12	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	Wellington, FLA. 33414	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" 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: Victor C. Serafino VICTOR C. SERAFINO 1/5/00 561/795-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #