## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000027086

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: STARCAPITAL USA, INC.

FILED Apr 22, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3380 FAIRLANE FARMS ROAD SUITE 12 WELLINGTON, FL 33414 **New Mailing Address: Current Mailing Address:** 3380 FAIRLANE FARMS ROAD SUITE 12 WELLINGTON, FL 33414 FEI Number: 65-0574985 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZENGA, V. JAMES ESQ KEYS, TOM 13944 QUARTERHORSE TRAIL 3380 FAIRLANE FARMS ROAD WELLINGTON, FL 33414 SUITE 12 WELLINGTON, FL 33414 US 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: TOM KEYS 04/22/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D ( ) Delete Title: (X) Change ( ) Addition Name: QL IVAN Name: BECK, JAN S 3380 FAIRLANE FARMS RD- STE 12 3380 FAIRLANE FARMS RD- STE 12 Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: SVP Title: () Delete (X) Change ( ) Addition Name: SERAFINO, VICTOR C Name: HESS, GREGORY C 3380 FAIRLANE FARMS RD- STE 12 3380 FAIRLANE FARMS RD- STE 12 Address: Address: WELLINGTON, FL 33414 WELLINGTON, FL 33414 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition ZENGA, SHAWN KEYS, TOM J Name: Name: 3380 FAIRLANE FARMS RD- STE 12 3380 FAIRLANE FARMS RD- STE 12 Address Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

RUBIO, LILLIAN

WELLINGTON, FL 33414

WELLINGTON, FL 33414

JOHNS-MCGALLIARD, TERRI L

3380 FAIRLANE FARMS RD- STE 12

3380 FAIRLANE FARMS RD- STE 12

( ) Change (X) Addition

SIGNATURE: TOM KEYS T 04/22/2003

( ) Delete