

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90067 013 ***150.00

0319667 AV

DOCUMENT # P95000028896

1. Entity Name

STARBANK FINANCIAL INC.

Principal Place of Business

**5950 W OAKLAND PK BLVD
 308
 LAUDERHILL FL 33313
 US**

Mailing Address

**5950 W OAKLAND PK BLVD
 308
 LAUDERHILL FL 33313
 US**

2. Principal Place of Business

3. Mailing Address

5950 W. OAKLAND PK BLVD

5950 W. OAKLAND PK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

307

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

Zip

33313

Country

BROWARD

Zip

33313

Country

BROWARD

4. FEI Number

65-0578087

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

FILINGS, INC.

3732 N.W. 16TH STREET

FORT LAUDERDALE FL 33311

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

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 \$150.00
 After May 1, 2002 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** ☐ Delete
 NAME **STEWART, SONIA B**
 STREET ADDRESS **230 LACOSTA WAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **STEWART, SONIA B**
 STREET ADDRESS **230 LA COSTA WAY**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Sonia Stewart** **PRESIDENT**

2/20/02

(954) 677-2443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)