

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000058248**

1. Entity Name

STARBRITE, LTD, INC.**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90185 044 ***150.00

Principal Place of Business

Mailing Address

15 S. CAROL PARKWAY
MARGATE FL 3306815 S. CAROL PARKWAY
MARGATE FL 33068-1902

2. Principal Place of Business

6521 Brandywine Dr S.
Suite, Apt. #, etc.

3. Mailing Address

6521 Brandywine Dr S.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Margate FL

City & State

Margate FL

Zip

33063

Country

US

Zip

33063

Country

US

4. FEI Number

65-0595312

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST-PIERRE, CAROLE
15 S. CAROL PARKWAY
MARGATE FL 33068

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PTDC	ST. PIERRE, MARK	15 S. CAROL PARKWAY MARGATE FL 33068	<input type="checkbox"/>			6521 Brandywine Dr. S. Margate, FL 33068		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VP	ST. PIERRE, CAROLE	15 S. CAROL PARKWAY MARGATE FL 33068	<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"/>	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00