

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058248

1. Entity Name  
STARBRITE, LTD, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90376 026 \*\*\*150.00

Principal Place of Business

6521 BRANDYWINE DR S  
MARGATE FL 33063

Mailing Address

6521 BRANDYWINE DR S  
MARGATE FL 33063

2. Principal Place of Business

15 S. CAROL PARKWAY

Suite, Apt. #, etc.

3. Mailing Address

15 S. CAROL PARKWAY

Suite, Apt. #, etc.

City & State

MARGATE FL

Zip

33068

Country

U.S.

City & State

MARGATE FL

Zip

33068

Country

U.S.

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

ST. PIERRE MARC

Street Address (P.O. Box Number is Not Acceptable)

15 S. CAROL PARK WAY

City

MARGATE

FL

Zip Code

33068

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 MARC ST. PIERRE President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/2001

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, 2001 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 PTDC  
NAME ST PIERRE, MARK  
STREET ADDRESS 6521 BRANDYWINE DR S  
CITY-ST-ZIP MARGATE FL 33068 ☐ Delete

TITLE PTDC  
NAME ST PIERRE, MARC  
STREET ADDRESS 15 S. CAROL PARKWAY  
CITY-ST-ZIP MARGATE FL 33068 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Marc St. Pierre President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2001

Date

605-6390

Daytime Phone #

CR2E034 (10/00)