2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P96000036462

1. Entity Name



FILED Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90105 001 ***150.00

STARREACHER CORP.								03 07 2003 9			
Principal Place of Business 625 NO. FLAGLER DRIVE 9TH FLOOR WEST PALM BEACH FL 33401 Mailing Address 625 NO. FLAGLER DRIVE 9T WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401					OR		E LAGUEL DE 1800 LAGUEL DESENDADO LAGUEL DE 1800 L	a nii aa iaa irii a a irii a	RIS BANK IINI INN		
2. Principal F	Place of Busin	ness	3. Mailin	ng Address			_				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	65-0676165		Applied For Not Applicable		
Zip		Country	Zip		Count	ry		Certificate of Status Desired	Fee Req	Additional uired	
	6. Name	and Address of Current	Registered	Agent			7. N	lame and Address of New Reg	istered Agent		
KATZ, MA		• • • •						F (ZDAL ox Number is Not Acceptable)	E		
	Flagler di LM Beach	rive 9th Floor Fl 33401				1486	60	Rolling Ro	-kPI	-	
\$4. · · · ·	•					City West	+ Pa	In Beach	FL 399	3414	
	e named entity tions of regist		or the purpos	se of changing its re	egistere	ed office or registe	ered age	ent, or both, in the State of Florid	a. I am familiar w	ith, and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applica	able. NOE:	Registered	Agent signature require	ed when rei	instating)	DATE		
E F	HE NOWII	! FEE IS \$150.00									
-								9. Election Campaign Finan		5.00 May Be	
Afte	r May 1, 200)3 Fee will be \$550.00 • Florida Department o	f State					Election Campaign Finan Trust Fund Contribution.		5.00 May Be ded to Fees	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _