

2001 UNIFORM BUSINESS REPORT (UBR)

5/14

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-14-2001 90217 039 ***150.00

DOCUMENT # P96000064380

BE A STAR, INC

Principal Place of Business
18822 NE 29th Ave
2750 NE 183 St # 2309T
Aventura, FL 33180

Mailing Address
2750 NE 183 St # 2309T
Aventura, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

El Number

5-0689550

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joan Cooper
2750 NE 183 St # 2309T
Aventura, FL 33180

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

Joan Cooper

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

(NOTE: Registered Agent signature required when re-registering)

6-4-01

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 15, 2001 Fee will be \$350.00
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: President
NAME: Joan Cooper
STREET ADDRESS: 2750 NE 183 St # 2309T
CITY - ST - ZIP: Aventura, FL 33180

☐ Delete

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

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NAME: ☐ Change ☐ Addition
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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

Joan Cooper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-9369795

STF FL32381F.1

I sign #8 space & mail
H BACK on June 4 01

Attachment
6945

June 4, 2001 #P96000064380

Please note # 8 on form I
signed on dated —

Sincerely,

Joan Cooper

305-936-9795

Be a Star Inc

2750 N E 183rd Street

Suite 2309-7

Amherst, IL 33160