

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90137 014 ***550.00

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DOCUMENT # P97000017864

1. Entity Name
STAR BEACH AND SPORT, INC.



Principal Place of Business
**1261 GULF BOULEVARD
STE 111
CLEARWATER FL 33767**

Mailing Address
**1261 GULF BOULEVARD
STE 111
CLEARWATER FL 33767**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3449664**

Applied For
 Not Applicable

Zip Country

Zip Country

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

~~ZOKA, OFER~~ **BENSIMON AVRAHAM**
~~2009 CLEVELAND STREET~~ **1965 RAINBOW DR**
~~CLEARWATER FL 33765~~ **CLEARWATER, FL 33765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

07-09-03

FILE NOW!!! FEE (IS \$550.00)
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D**
~~ZOKA, OFER~~
STREET ADDRESS ~~2009 CLEVELAND STREET~~
CITY-ST-ZIP ~~CLEARWATER FL 33765~~

TITLE Change Addition
NAME **D BENSIMON AVRAHAM**
STREET ADDRESS **1965 RAINBOW DR**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE Delete
NAME **ST ZOKA, LIOR**
STREET ADDRESS **2009 CLEVELAND STREET**
CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-08-03 727-596-1682

Date

Daytime Phone #

CR2E034 (4/03)