

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**  
 02-26-2001 90511 036 \*\*\*150.00

**DOCUMENT # P97000020319**

**1. Entity Name**  
**STAR SINGLES WORLD TRAVEL, INC.**

**Principal Place of Business**      **Mailing Address**  
**351 DESOTO STREET**      **351 DESOTO STREET**  
**HOLLYWOOD FL 33019**      **HOLLYWOOD FL 33019**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number** **65-0766325**      **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**

~~RASHBAUM, MELISSA K~~  
~~4974 SW 32 TERR~~  
~~DANIA FL 33312~~

**Name** **SAMUEL HALPERT**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**351 DESOTO ST**  
**City** **HOLLYWOOD**      **FL**      **Zip Code** **33019**

**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** *Sam Halpert*

**DATE** **2/14/01**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS  | CITY-ST-ZIP                             | <input type="checkbox"/> Delete |
|-------|------|-----------------|---|---------------------------------|
|       | D    | HALPERT, SAMUEL | 351 DESOTO STREET<br>HOLLYWOOD FL 33019 |                                 |
|       |      |                 |   | <input type="checkbox"/> Delete |
|       |      |                 |   | <input type="checkbox"/> Delete |
|       |      |                 |   | <input type="checkbox"/> Delete |
|       |      |                 |   | <input type="checkbox"/> Delete |
|       |      |                 |   | <input type="checkbox"/> Delete |
|       |      |                 |   | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> 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:** *Sam Halpert*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** **2/14/01**      **Daytime Phone #** **954 922 6562**

CR2E034 (10/00)