2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT #** P97000021534 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name Star Events, Inc. 04-22-2000 90001 041 ***150.00 Principal Place of Business Mailing Address 1505 S.E.40th Street 3038 S.W. 28 Ave. Suite, C Cape Coral, FL, 33919 Cape Coral,FL,33904 2. Principal Place of Business 3. Mailing Address 621 East Cape Coral Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Suite 3 City & State City & State . 4. FEI Number Applied For Cape Cora Cape Coral FLNot Applicable <u>65-0733954</u> Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33904 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name James<u>-W</u>--Amburn-H.S. Blair & Associates Inc. Street Address (P.O. Box Number is Not Acceptable) 1505 S.E. 40th Street, Suite C 40th Street Cape Coral, FL, 33904 Suite C Zip Code City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Chance Addition 2 PSD Trustee NAME NAME Winkelbach, Carsten Schmidt, Friedrich W. STREET ADDRESS STREET ADDRESS 1505 S.E.40th Street 3038 S.W.38 Ave. CITY-ST-ZIP CiTY-ST-ZIP Cape Coral, FL 33904 Cape Coral,FL 33919 TITLE **2** Delete TITLE Addition Change VTD NAME NAME STREET ADDRESS Winkelbach, Ingrid STREET ADDRESS CITY-ST-ZIP 3038 S.W. 38 Ave CITY-ST-ZIP Cape Coral,FL 33919 TITLE ☐ Delete TITLE Change Addition HALE MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP

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 truetee 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 air address, with all other like empowered.

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