

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90162 001 ***150.00
 03-07-2000 90162 002 *****8.75

DOCUMENT # P97000039903

1. Entity Name
STARBUCK INVESTMENTS CORP.

Principal Place of Business Mailing Address
S.W. 46TH STREET **5951 S.W. 46TH STREET**
FL 33155 **MIAMI FL 33155**

6102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5951 S.W. 46TH STREET **5951 S.W. 46TH STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FLORIDA **MIAMI, FLORIDA**

4. FEI Number Applied For
65-0761450 Not Applicable

Zip Country Zip Country
33155 **DADE** **33155** **DADE**

5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PALOMARES, LORENZO J
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PS PALOMARES, LORENZO J 255 UNIVERSITY DRIVE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/99)

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 persons empowered.

SIGNATURE: _____
 LORENZO J. PALOMARES

03-01-00 **(305) 926-1110**
 Date Daytime Phone #