2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000054259

1. Entity Name

STAR ACCESS INC.



FILED Feb 14, 2003 8:00 am Secretary of State

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| 02-14-2003 901 |
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| Principal Place 6 4300 S. U.S. HW JUPITER FL 334 | VY ONE STE | . 203-168 | 4300 | Mailing Address 4300 S. U.S. HWY ONE STE. 203-168 JUPITER FL 33477 | | | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | ing Address | | | | | 41 118 18111 18811 58 1 | | IBA BARIA BIBAR IARA | | |
| Suite, Apt. #, etc. | | | Suite | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City | City & State | | | 4 | 4. FEI Number 65-0777857 | | | | Applied For Not Applicable | |
| Zip | | Country | Zip | | Country | | | 5. Certificate of Status Desired See Requir | | | | | |
| | 6. Name a | nd Address of Cu | rrent Registere | d Agent | 1 | | 7. | Name and | Address of No | ew Registere | d Agent | |] |
| | | | <u> </u> | | | Name | _ | | | سرجيد سي سي | | | |
| FERRO, JOS | SEPH | | باواليسليا أساب للي | | | Stroot Ad | drose (P.O | P.O. Box Number is Not Acceptable) | | | | | |
| | | E STE. 203-168 | | | | Sileel Au | niess (F.Q. | . BOX NUMB | er is Not Accept | abic) | | | 4 |
| JUPITER FL | | | | | | | | | | | - T | | |
| 4 | | | | · | | City | | | <u>.</u> | | Zip Co | | _ |
| 8. The above notine obligation | | | nent for the purp | ose of changing its | s registere | ed office or r | egistered : | agent, or bo | th, in the State o | of Florida. 1 a | ım familiar witt | n, and accept | |
| SIGNATURE | ignatura, hungd gr | printed name of registers | ed agent and title if age | licable (NO | TE: Registered | d Agent signature | required whe | n reinstating) | | DAT | E | | |
| | ignature, typed or | printed figure or registere | o agent and the mapp | , to | - Togistoro | | | - | | | | | 1 |
| After I | May 1, 2003 | FEE IS \$150.0 Fee will be \$55 | 60.00 | | | | • | 1 | ection Campaig ust Fund Contril | | \$5. □ Add | 00 May Be ed to Fees | |
| Make Check I | Payable to | Florida Departm | | | | _ | | ADDITIONS | (OLIANIOEC TO | OFFICERS A | ND DIRECTO | DC INI 11 | 4 |
| 10. | <u> </u> | OFFICERS | S AND DIRECTO | | 11. | | | ADDITIONS | /CHANGES TO | OFFICERS P | Change | | 1 3 |
| NAME . | P Joe Ferro | | | ☐ Delete | NAM | E | | • | | | | - Maddion | (40,0 |
| | 4300 S US JUPITER FL | 1 #203-168 . 33477 | | | | TREET ADDRESS ITY-ST-ZIP | | | | *** | | | E |
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| | er a Sh | * | and college state diller- | does not qualify f | | <u> </u> | nd in Speti | on 110 07/3 | Vi) Florida Stati | ites I further | certify that the | e information | \dashv |
| 12. Thereby ce | entity that the | intermation suppli | ea with this tiling | uces not quality t | or the exe | inpuon siali | o in Section | on 110.07(0 | Mir, i ibilua biali | ador ooth, the | t Lam an offic | or or director | - 1 |

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 all other like empowered.

Date

Daytime Phone #