

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056315

1. Entity Name

STAR THREE CORPORATION

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90067 013 ***150.00

Principal Place of Business

Mailing Address

2691 N. DIXIE HIGHWAY
POMPAÑO BEACH FL 33309

2691 N. DIXIE HIGHWAY
POMPAÑO BEACH FL 33064-4568

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2691 N. DIXIE HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH, FL

City & State

4. FEI Number

65-0765750

Applied For

☒ Not Applicable

Zip

33064

Country

BROWARD

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

MAZUMDER, MDFHAFIQR R
530 S.E. 15 ST. #6
POMPAÑO BEACH FL 33060

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

Signature, typed or printed name of registered agent and title if applicable

(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	PD	<input type="checkbox"/> Delete
NAME	MAZUMDER, MDFHAFIQR R	
STREET ADDRESS	530 S.E. 15 ST. #6	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ISHAK, ABDULLAH BIN	
STREET ADDRESS	530 S.E. 15 ST. #6	
CITY-ST-ZIP	POMPAÑO BEACH FL 33060	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SARKER, FIROZ A	
STREET ADDRESS	3201 NE 1ST AVE APT #8	
CITY-ST-ZIP	POMPAÑO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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:

(FIROZ A SARKER)

04-14-2000

954-941-2087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #