

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entry Name

STAR BUSINESS CONSULTANTS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90190 010 ***150.00

Principal Place of Business

Mailing Address

10848 NASHVILLE DRIVE
COOPER CITY, FLORIDA 33026

10848 NASHVILLE DRIVE
COOPER CITY, FLORIDA 33026

80065541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10848 NASHVILLE DRIVE
Suite, Apt. #, etc.

10848 NASHVILLE DRIVE
Suite, Apt. #, etc.

City & State
COOPER CITY, FLORIDA

City & State
COOPER CITY, FLORIDA

Zip Country
33026 USA

Zip Country
33026 USA

4. FEI Number

65-0795323

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

HAL KAUFMAN
10848 NASHVILLE DRIVE
COOPER CITY, FLORIDA 33026

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

H. Kaufman

4-5-00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

H. Kaufman, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

(305) 283-8049

Daytime Phone #

CR2E034 (9/99)