

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000102802**

1. Entity Name

**FIRST STAR CONSULTING, INC.****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90068 001 \*\*\*450.00

Principal Place of Business

Mailing Address

757 SE 17TH ST  
SUITE 340  
FORT LAUDERDALE FL 33316757 SE 17TH ST  
SUITE 340  
FORT LAUDERDALE FL 33316-2960**5434**

2. Principal Place of Business

3. Mailing Address

1164 East Oakland Pk. Blvd.

1164 East Oakland Pk. Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

#100

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

Ft. Lauderdale, FL

Ft. Lauderdale, FL

4. FEI Number

APPLIED FOR

Applied For

65-0871453

Not Applicable

Zip

Country

Zip

Country

33334

USA

33334

U.S.A.

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

LAVENDER, JOEL R ESQ  
507 SE 11TH CT  
FORT LAUDERDALE FL 33316

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  
NAME BLOCKER, MARK ☐ Delete  
STREET ADDRESS 757 SE 17TH ST, SUITE 340  
CITY-ST-ZIP FORT LAUDERDALE FL 33316TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE STD  
NAME MAAS, EDWARD ☐ Delete  
STREET ADDRESS 757 SE 17TH ST, SUITE 340  
CITY-ST-ZIP FORT LAUDERDALE FL 33316TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)