

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P97000102 886*

1. Entity Name

STARCREDIT, CORP.



FILED

03 NOV 24 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21530 SAINT ANDREWS

Suite, Apt. #, etc.

GRAND CIRCLE

City & State

BOCA RATON, FLORIDA

Zip

33486

Country

U.S.A.

3. Mailing Address

21530 SAINT ANDREWS

Suite, Apt. #, etc.

GRAND CIRCLE

City & State

BOCA RATON, FLORIDA

Zip

33486

Country

U.S.A.

REINSTATEMENT

01-03

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4. FEI Number

65-0804651

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS DE LA CRUZ

Street Address (P.O. Box Number is Not Acceptable)

95 MERRICK WAY, SUITE 440

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature] *Lisa Benavides*

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

(NOTE: Registered Agent signature required when reinstating)

11/20/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<i>PRESIDENT</i>
NAME	<i>ERICK ROSALES</i>
STREET ADDRESS	<i>22703 CAMINO DEL MAR #54</i>
CITY-STATE-ZIP	<i>BOCA RATON, FLORIDA - 33433</i>
TITLE	<i>VICE-PRESIDENT</i>
NAME	<i>RICARDO NIEVES</i>
STREET ADDRESS	<i>1000 CORPORATE DRIVE SUITE 320</i>
CITY-STATE-ZIP	<i>FORT LAUDERDALE, FLORIDA - 33334</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>GABRIEL TARRAU</i>
STREET ADDRESS	<i>1000 CORPORATE DRIVE, SUITE 320</i>
CITY-STATE-ZIP	<i>FORT LAUDERDALE, FLORIDA - 33334</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>CARLOS BERTONATTI</i>
STREET ADDRESS	<i>1000 CORPORATE DRIVE, SUITE 320</i>
CITY-STATE-ZIP	<i>FORT LAUDERDALE, FLORIDA - 33334</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>ESTUARDO BENAVIDES</i>
STREET ADDRESS	<i>1000 CORPORATE DRIVE, SUITE 320</i>
CITY-STATE-ZIP	<i>FORT LAUDERDALE, FLORIDA - 33334</i>
TITLE	<i>DIRECTOR</i>
NAME	<i>ROBERTO COBAR</i>
STREET ADDRESS	<i>1000 CORPORATE DRIVE, SUITE 320</i>
CITY-STATE-ZIP	<i>FORT LAUDERDALE, FLORIDA - 33334</i>

TITLE	
NAME	
STREET ADDRESS	<i>700024984377</i>
CITY-STATE-ZIP	<i>11/24/03--01099--032 **1058.75</i>
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] *ERICK ROSALES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/03 (561)391-9839

Date

Daytime Phone #

CR2E034B (12/02)