

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90049 012 ***150.00

DOCUMENT # P98000003352

1. Entity Name
SUPERSTAR REALTY, INC.

Principal Place of Business

**12555 BISCAYNE BLVD
 SUITE 924
 MIAMI FL 33181**

Mailing Address

~~PO BOX 77652
 CORAL SPRINGS FL 33077~~

*Note
 New
 Address for
 mailing ↓*

2. Principal Place of Business

**120 E Oakland Park Blvd
 Suite, Apt. #, etc.
 105**

3. Mailing Address

**120 E Oakland Park Blvd
 Suite, Apt. #, etc.
 105**

City & State

FL Lauderdale, Florida

City & State

FL Lauderdale, FL

Zip

33334

Country

Broward

Zip

33334

Country

Broward

6. Name and Address of Current Registered Agent

**LEBOWITZ, WALTER B
 12555 BISCAYNE BLVD
 MIAMI FL 33181**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PD** ☐ Delete
 NAME **FRANCES, HELENE**
 STREET ADDRESS **12555 BISCAYNE BLVD, #924**
 CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)