

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006091

1. Entity Name

STARGATE ENTERPRISES GROUP, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90032 027 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3300 NE 192 ST.~~  
~~#1409~~  
~~AVENTURA FL 33180~~

~~3300 NE 192 ST.~~  
~~#1409~~  
~~AVENTURA FL 33180/4925~~

2. Principal Place of Business

3000 ISLAND BLVD

3. Mailing Address

3000 ISLAND BLVD

Suite, Apt. #, etc.

APT. 1601

Suite, Apt. #, etc.

APT. 1601

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0831498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMSTOR, SCOTT

3300 NE 192 ST., #1409

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

SCOTT AMSTER

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

3000 ISLAND BLVD  
APT 1601

City

AVENTURA

FL

Zip Code

33160

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

*Scott Amster*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AMSTER, SCOTT	
STREET ADDRESS	3300 NE 192 ST., #1409	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CONNOR, DANETTE	
STREET ADDRESS	3300 NE 192 ST., #1409	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT AMSTER.	
STREET ADDRESS	3000 ISLAND BLVD APT 1601	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*SCOTT AMSTER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)