

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006091

1. Entity Name

STARGATE ENTERPRISES GROUP, INC.

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90329 049 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3000 ISLAND BLVD.~~  
~~APT. 1001~~  
~~AVENUE FL 33160~~

~~3000 ISLAND BLVD.~~  
~~APT. 1001~~  
~~AVENUE FL 33160~~

2. Principal Place of Business

3. Mailing Address

3040 NE 190 ST.

3040 NE 190 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

203

City & State

City & State

AVENUE, FL

AVENUE, FL

Zip 33180

Country

USA

Zip 33180

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMSTER, SCOTT

~~3000 ISLAND BLVD.~~

~~APT. 1001~~

~~AVENUE FL 33160~~

Name

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

3040 NE 190 ST

#203

City AVENUE

FL

Zip Code

33180

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	AMSTER, SCOTT	
STREET ADDRESS	<del>3000 ISLAND BLVD., APT. 1001</del>	
CITY-ST-ZIP	<del>AVENUE FL 33160</del>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3040 NE 190 ST #203	
CITY-ST-ZIP	AVENUE, FL 33180	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01 305-935-2058  
Date Daytime Phone #

0189470

CR2E034 (10/00)