

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90100 026 ***150.00

DOCUMENT # P98000008944

1. Corporation Name
STARTUM II, INC.

Principal Place of Business

Mailing Address

1119 E. COLONIAL DRIVE
ORLANDO FL 32803

1119 E. COLONIAL DRIVE
ORLANDO FL 32803

7975 NW 12th Street
MIAMI FL 33126 - Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

4. FEI Number

52-2079503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 7975 NW 12th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33126

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MASHAYEKHI, ALI KIRK-ESO
257A-S. HIAWASSEE ROAD
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81

Name

Scott E. Silversm

82

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

7485 Gurney-Windermere Rd Ste D

83

City

84

Orlando

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 607.052 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0545, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME ALAVI, SIAMACK
STREET ADDRESS 1119 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE VPD ☐ DELETE

NAME KYRR, VICTOR
STREET ADDRESS 1119 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE SD ☒ DELETE

NAME ALAVI, VALERIE
STREET ADDRESS 1119 E. COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME FRANCISCO A. Garcia
1.3 STREET ADDRESS 5525 Embassy Street
1.4 CITY-ST-ZIP Orlando, FL 32809

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VICTOR KYRR
2.3 STREET ADDRESS 7975 NW 12th Street
2.4 CITY-ST-ZIP MIAMI, FL 33126

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Luis A. Garcia
4.3 STREET ADDRESS 7975 NW 12th Street
4.4 CITY-ST-ZIP MIAMI, FL 33126

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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 (11/98)