

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000008944**

1. Entity Name

**STARTUM II, INC.****FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90060 049 \*\*\*150.00

Principal Place of Business

Mailing Address

7975 NW 12TH ST  
MIAMI FL 32803  
331119 E. COLONIAL DRIVE  
ORLANDO FL 32803-4635

J U T I O N



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

52-2079503

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIVERSON, SCOTT E  
7485 WINDMERE RD STE D  
ORLANDO FL 32835Name *H. Louis Martinez*  
Street Address (P.O. Box Number Not Acceptable)  
*1640 Lee Rd*  
*Ste 4*  
City *Winter Park* FL *32789*

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

*3/20/00*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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **GARCIA, FRANCISO A**  
STREET ADDRESS **5525 EMBASSY ST**  
CITY-ST-ZIP **ORLANDO FL 32809**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *7147 Yacht Basin Ave Unit 125*  
CITY-ST-ZIP *Orlando FL 32835*TITLE **VPD** ☐ Delete  
NAME **KYRR, VICTOR**  
STREET ADDRESS **7975 NW 12TH ST**  
CITY-ST-ZIP **MIAMI FL 33126**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Delete  
NAME **ALAVI, VALERIE**  
STREET ADDRESS **1119 E. COLONIAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32803**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **ST** ☐ Delete  
NAME **GARCIA, LUIS**  
STREET ADDRESS **7975 NW 12TH ST**  
CITY-ST-ZIP **MIAMI FL 33126**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *1119 E. Colonial Drive*  
CITY-ST-ZIP *Orlando FL 32803-4635*TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

*3/20/00 (407) 298 6179*

Date

Daytime Phone #