## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 24, 2001 8:00 am Secretary of State DOCUMENT # P98000024980 STARDANCER LEASING COMPANY, INC. 01-24-2001 90086 014 \*\*\*150.00 Principal Place of Business Mailing Address' 52-SOUTH OCEAN BOULEVARD 252-SOUTH-OGEAN-BOULEVARD MANALAPAN FL 33482 MANALAPAN FL 33482 608137 2. Principal Place of Business 3. Mailing Address 6274 Linton Blyd 6274 Linton Bira Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 103 103 Applied For City & State City & State 4. FEI Number 65-0819832 veiran Blach Delrah Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33484 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>دَآڤ</u> C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Isla Verde Way 7 3 4 4 6 Beach 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. Pope SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME POPE, LOIS B NAME STREET ADDRESS STREET ADDRESS 7564 ISLA VERDE WAY CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33446** ☐ Change Addition TITLE ☐ Defete TITLE NAME MILLER, ROBERT NAME STREET ADDRESS 200 PK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NY NY 10166 TITLE X Change ☐ Addition TITI F ☐ Delete NAME POPE, LOIS B NAME 7564 Is la Verde Was STREET ADDRESS STREET ADDRESS 1970 S OCEAN BLVD.... Delras Beach, FL 33446 CITY-ST-ZIP MAMALOPAN FL 33402 CITY-ST-ZIP TITLE Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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 officer the empowered.