

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050479

1. Entity Name

STARS & STRIPES ENTERPRISES, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90843 023 ***150.00

Principal Place of Business

Mailing Address

2240 WEST WOOLBRIGHT ROAD
SUITE 323
BOYNTON BEACH FL 33426

2240 WEST WOOLBRIGHT ROAD
SUITE 323
BOYNTON BEACH FL 33409-6515

2. Principal Place of Business

3. Mailing Address

4000 N FED HWY

4000 N FED HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33431

33431

4. FEI Number

65-0829275

Applied For

Not Applicable

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

IZMIRLIAN, CHARLES
10528 MAPLE CHASE DRIVE
BOCA RATON FL 33498

Name

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

City

FL

Zip Code

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

4/28/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTD						
	IZMIRLIAN, CHARLES	2240 WEST WOOLBRIGHT ROAD	BOYNTON BEACH FL 33426				
	VSD						
	TENNEL, ERIC C	2240 WEST WOOLBRIGHT ROAD	BOYNTON BEACH FL 33426				

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

CR2E034 (9/99)