04/27/2001 05:01 9549789513 AM SERVICES

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90059 009 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000050479

1. Entity Name
STARS & STRIPES ENTERPRISES INC

Principal Place of Business: 2240 W WOOLBRIGHT RD, BOYNTON BEACH, FL 33426
Mailing Address:

2. Principal Place of Business	3. Mailing Address
10528 MAPLE CHASE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State:
Zip: 33498 Country:	Zip: Country:

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
CHARLES IZMIRLIAN
10528 MAPLE CHASE DR
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so. (See criteria on back) ☐

[redacted]

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	PTD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CHARLES IZMIRLIAN		NAME	
STREET ADDRESS	2240 W WOOLBRIGHT RD		STREET ADDRESS	10523 MAPLE CHASE DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	VSD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	ERIC TENNEL		NAME	
STREET ADDRESS	2240 W WOOLBRIGHT RD		STREET ADDRESS	16156 KEY LIME BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33426		CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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]