

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90044 039 ***150.00

DOCUMENT # P98000059143

1. Entity Name
STAR TECH CONSULTING, INC.

Principal Place of Business

6185 RALEIGH ST
101
ORLANDO FL 32835

Mailing Address

6185 RALEIGH ST
101
ORLANDO FL 32835

2. Principal Place of Business

4939 ALAYISTA DRIVE
Suite, Apt. #, etc.

3. Mailing Address

4939 ALAYISTA DRIVE
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3540647

Applied For

Not Applicable

Zip
32837-4763

Country
USA

Zip
32837-4763

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASHIR, MOHAMMAD A
6185 RALEIGH ST 101
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name **MOHAMMAD A. BASHIR**

Street Address (P.O. Box Number is Not Acceptable)
4939 ALAYISTA DRIVE

City **ORLANDO**

FL

Zip Code
32837-4763

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 **Mohammad Amer Bashir** (Mohammad Amer Bashir)

1/31/01
DATE

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, 2001 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

TITLE **D** ☐ Delete
NAME **BASHIR, MOHAMMAD A**
STREET ADDRESS **6185 RALEIGH ST, 101**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MOHAMMAD A. BASHIR** ☒ Change ☐ Addition
NAME **4939 ALAYISTA DRIVE**
STREET ADDRESS **ORLANDO, FL 32837-4763**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: **Mohammad Amer Bashir** (Mohammad Amer Bashir) **1/31/01** **407-438-1277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)