

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069690

1. Entity Name

CYBERSTARZ ENTERTAINMENT, INC.

Principal Place of Business

330 BISCAYNE BLVD
SUITE 750
MIAMI FL 33132

Mailing Address

330 BISCAYNE BLVD
SUITE 750
MIAMI FL 33132

FILED

00 NOV 17 AM 10:46

SECRETARY OF STATE -
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2841 N. Oakland Forest Dr.

Suite, Apt. #, etc.
211

3. Mailing Address

2841 N. Oakland Forest Dr.

Suite, Apt. #, etc.
211

City & State

Oakland Park, FL
Zip 33309 Country Broward

City & State

Oakland Park, FL
Zip 33309 Country Broward

4. FEI Number

65-0855877

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDEZ, FRANK M
330 BISCAYNE BLVD
SUITE 750
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name Elizabeth Fowler
Street Address (P.O. Box Number is Not Acceptable)
2841 N. Oakland Forest Dr.
Apt. #211
City Oakland Park FL Zip Code 33309

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

Elizabeth Fowler

Signature of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/8/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 S
NAME FOWLER, ELIZABETH
STREET ADDRESS 2841 N. OAKLAND FOREST DRIVE, #211
CITY-ST-ZIP OAKLAND PARK FL 33309

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Elizabeth Fowler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00

Date

9547772969

Daytime Phone #