

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90286 015 ***150.00

DOCUMENT # P98000082629

1. Entity Name
STARBRIGHT FLOORING & REMODELING INC



Principal Place of Business
**3880 N. 50TH AVE
HOLLYWOOD FL 33021**

Mailing Address
**3880 N. 50TH AVE
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0865018**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHALON, LILACH
2801 N 34TH AVE, SUITE C
HOLLYWOOD FL 33021**

Name **CALON OFER**
Street Address (P.O. Box Number is Not Acceptable)
3880 N 50th AVE
City **HOLLYWOOD** FL Zip Code **33021**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2-15-03**

**FILE NOW!!! FEB IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CHALON, LILACH**
STREET ADDRESS **3380 N 50TH AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **P** ☒ Change ☐ Addition
NAME **CHALON LILACH**
STREET ADDRESS **3880 N 50th AVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **VP** ☐ Delete
NAME **CALON OFER**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME **CALON OFER**
STREET ADDRESS **3880 N 50th AVE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2-15-03**

DAYTIME PHONE # **954-9899867**

DATE DAYTIME PHONE #

CR2E034 (10/02)