

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91793 038 ***150.00

DOCUMENT # P98000085038

1. Entity Name
STAR-GLO REALTY CORP.



Principal Place of Business
MICHAEL E. ROSEN
550-MAMORONECK AVENUE-
HARRISON NY 10528

Mailing Address
2250 AVENIDA DEL VERA
FORT MYERS FL 33917



2. Principal Place of Business
2250 Avenida Del Vera
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
N. Ft. Myers FL
Zip
33917 Country

City & State
Zip Country

4. FEI Number
58-2424808

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CALLAHAN, W S ESQ.
STUMP, STOREY & CALLAHAN, P.A.
37 NORTH ORANGE AVENUE #200
ORLANDO FL 32801

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. 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

FILE NOW!!! FEE 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, MICHAEL E	
STREET ADDRESS	550 MAMORONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, DAVE	
STREET ADDRESS	2250 AVENIDA DEL VERA	
CITY-ST-ZIP	NORTH FT. MYERS FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, MICHAEL E	
STREET ADDRESS	2250 AVENIDA DEL VERA	
CITY-ST-ZIP	NORTH FT MYERS FL 33917	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORDELLO, DOUG	
STREET ADDRESS	2250 AVENIDA DEL VERA	
CITY-ST-ZIP	NORTH FT MYERS FL 33917	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4-28-03

Date

Daytime Phone #

239-731-4538

CR2E034 (10/02)