

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100952

1. Entity Name

STARPOINTE DEVELOPMENT, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90041 002 \*\*\*150.00

Principal Place of Business

7468 UNIVERSAL BLVD  
ORLANDO FL 32819

Mailing Address

7468 UNIVERSAL BLVD  
ORLANDO FL 32819-8524

2. Principal Place of Business

7802 KINGSPONTE PKWY.  
Suite, Apt. #, etc.  
104  
City & State  
ORLANDO FL  
Zip  
32819

3. Mailing Address

7802 KINGSPONTE PKWY.  
Suite, Apt. #, etc.  
104  
City & State  
ORLANDO FL  
Zip  
32819



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3544893

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUES DUARTE, NORBERTO  
7468 UNIVERSAL BLVD  
ORLANDO FL 32819

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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/17/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME RODRIGUES DUARTE, NORBERTO  
STREET ADDRESS 7468 UNIVERSAL BLVD  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE T  
NAME CORREA, JOSE C M  
STREET ADDRESS 7468 UNIVERSAL BLVD  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/2000

Date

407-248-2626

Daytime Phone #

CR2E034 (9/99)