

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90307 014 \*\*\*150.00

**DOCUMENT # P98000100952**

1. Entity Name

**STARPOINTE DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

**7802 KINGSPINTE PKWY. SUITE 104  
ORLANDO FL 32819**

**7802 KINGSPINTE PKWY. SUITE 104  
ORLANDO FL 32819**

2. Principal Place of Business

**7802 KINGSPINTE PKWY.**

3. Mailing Address

**7802 KINGSPINTE PKWY**

Suite, Apt. #, etc.

**207A**

Suite, Apt. #, etc.

**207A**

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

**32819**

Country

**US**

Zip

**32819**

Country

**US**

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

**RODRIGUES DUARTE, NORBERTO  
7468 UNIVERSAL BLVD  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

**SAME**

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

**7802 KINGSPINTE PKWY STE 207A**

City

**ORLANDO**

**FL**

Zip Code

**32819**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/16/2001**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition  
NAME **DUARTE, NORBERTO**  
STREET ADDRESS **7802 KINGSPINTE PKWY STE 207A**  
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **T** ☒ Change ☐ Addition  
NAME **CORREA, JOSE C**  
STREET ADDRESS **7802 KINGSPINTE PKWY STE 207A**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 another like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/16/2001**  
Date

**(407) 248-2626**  
Daytime Phone #

CR2E034 (10/00)