

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90080 009 ***158.75

DOCUMENT # P98000100952

1. Entity Name
STARPOINTE DEVELOPMENT, INC.



Principal Place of Business
**6606 KINGSPINTE PKWY
ORLANDO FL 32819**

Mailing Address
**6606 KINGSPINTE PKWY
ORLANDO FL 32819**



2. Principal Place of Business

6606 KINGSPINTE PY
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

Country

Zip

Country

32819

ORANGE

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
6606 KINGSPINTE PKWY
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name
DUARTE, NORBERTO
Street Address (P.O. Box Number is Not Acceptable)
1028 WATERSIDE DRIVE

City
CELEBRATION

FL

Zip Code
34747

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/2003

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
P
NAME
RODRIGUES DUARTE, NORBERTO
STREET ADDRESS
6600 KINGSPINTE PKWY
CITY-ST-ZIP
ORLANDO FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PDT
NAME
DUARTE, NORBERTO
STREET ADDRESS
6606 KINGSPINTE PY
CITY-ST-ZIP
ORLANDO, FL 32819

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **2/26/2003 407-248 2626**