

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90102 018 ***158.75

DOCUMENT # P98000106809

1. Entity Name
STARCREST PLAZA, INC.

Principal Place of Business

~~245 S.E. 10TH AVENUE~~
POMPANO BEACH FL 33060

Mailing Address

~~245 S.E. 10TH AVENUE~~
POMPANO BEACH FL 33060

2. Principal Place of Business

800 S.E. 5th Court
 Suite, Apt. #, etc.

3. Mailing Address

800 S.E. 5th Court
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0910846

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STARY, ROGER RENKER

~~245 S.E. 10TH AVENUE~~

POMPANO BEACH FL 33060

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.

SIGNATURE

Roger Renker Stary **Roger Renker Stary President 1/8/2002**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 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	SS	<input type="checkbox"/> Delete
NAME	STARY, ROGER	
STREET ADDRESS	245 SE 10TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	T	<input type="checkbox"/> Delete
NAME	STARY, ROGER	
STREET ADDRESS	245 SE 10TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Roger Renker Stary **Roger Renker Stary** **1/8/02** **954-782-0810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)