

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 30, 2000 8:00 am  
Secretary of State  
05-30-2000 90093 022 \*\*\*150.00

DOCUMENT # **P99000015283**  
Entity Name  
**NET STAR HOLDINGS, INC**

Principal Place of Business  
**456 BAYVIEW DRIVE  
T. LAUDERDALE, FL 33305**

Mailing Address  
**c/o John Bennett  
2456 BAYVIEW DRIVE  
FT. LAUDERDALE FL  
33305**

10064779

|   |         |                                |         |
|---|---------|--------------------------------|---------|
| Principal Place of Business                               |         | 3. Mailing Address             |         |
| Suite, Apt. #, etc.                                       |         | Suite, Apt. #, etc.            |         |
| City & State  |         | City & State                   |         |
| Zip   | Country | Zip                            | Country |
| 4. FEI Number<br><b>65-0894124</b>                        |         | Applied For<br>Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$8.75 Additional Fee Required |         |

DO NOT WRITE IN THIS SPACE

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |  |
| <b>CORPORATE CREATIONS ENT. INC.<br/>4521 PG A BLVD # 211<br/>PALM BEACH GARDENS, FL 33411</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>JOHN J. BENNETT<br/>2456 BAYVIEW DRIVE<br/>FT. LAUDERDALE, FL 33305</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **X** **John J. Bennett** **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **5/30/00** Daytime Phone #

CR2034 (9/99)