

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024555

1. Entity Name

MARKUS STAR INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90182 044 \*\*\*150.00

Principal Place of Business

Mailing Address

2919 E COMMERCIAL BLVD. SUITE A  
FT LAUDERDALE FL 33308

2919 E COMMERCIAL BLVD. SUITE A  
FT LAUDERDALE FL 33308-4207

2. Principal Place of Business

2071 SW 70TH AVE

3. Mailing Address

P.O. Box 81-4146

Suite, Apt. #, etc.

G-8

Suite, Apt. #

City & State

DAVIE, FL

City & State

HOLLYWOOD, FL

4. FEI Number

165-0906573

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33081

Country

USA

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

ALLEN H. KATZ PA

2919 E COMMERCIAL BLVD, SUITE A  
FT LAUDERDALE FL 33308

Name

MARKUS SAUTER

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

1536 NE 1ST AVENUE

City & State

FT. LAUDERDALE, FL

Zip Code

33304

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

MARKUS SAUTER PRES.

(NOTE: Registered Agent signature required when reinstating)

4/26/00

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, 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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-2000

Date

Daytime Phone #

CR2E034 (9/99)