2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000033039

1. Entity Name



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91370 024 ***150.00

STAR CONNECT, INC.						
Principal Place of Business 780 NW 42ND AVENUE SUITE 2 MIAMI FL 33126		Mailing Address 780 NW 42ND AVENUE SUITE 2 MIAMI FL 33126				
2. Principal F	Place of Busin	ess	3. Mailing Address	··· _{**} ,		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0940955	Applied For Not Applicable	
Zip		Country	Zip	Country		.75 Additional Required
	6. Name	and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Age	
				Name		
PUENTES, J				Street Addres	ss (P.O. Box Number is Not Acceptable)	
-	42ND AVENU	JE				
SUITE 2						
MIAMI FL 33126				City	FL	Zip Code
	named entity		for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. 1 am fami	liar with, and accept
ine obliga	tions of registe	ered agent.				l
_						
SIGNATURE				-		
SIGNATURE	Signature, typed o	or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	
SIGNATURE	Signature, typed o	FEE IS \$150.00		E: Registered Agent signature requ		\$5 00 May Be
SIGNATURE F	FILE NOW!!	FEE IS \$150.00 Fee will be \$550.00	0	E: Registered Agent signature requ	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
SIGNATURE F Afte Make Chec	FILE NOW!!	FEE IS \$150.00 Fee will be \$550.00 Florida Department	0 of State		9. Election Campaign Financing Trust Fund Contribution.	Added to Fees
SIGNATURE F Afte Make Check 10.	FILE NOW!! or May 1, 200 k Payable to	FEE IS \$150.00 Fee will be \$550.00	0 of State D DIRECTORS	11.	9. Election Campaign Financing Trust Fund Contribution.	Added to Fees
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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 flustee 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 THEE C

E REQUIRED

Daytime Phone #