

2000 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-10-2000 90143 007 ***158.75

DOCUMENT # SPECTRUM STAR, INC.
1. Entity Name 099000048481
~~PAVEL NEUBERGER~~

Principal Place of Business **Mailing Address**
5661 NE 18th AVE. STE. 211 **5661 NE 18th AVE. STE. 211**
FORT LAUDERDALE **FORT LAUDERDALE**
FLORIDA 33334 **FLORIDA 33334**

2. Principal Place of Business **3. Mailing Address**
5661 NE 18 AVE. **5661 NE 18 AVE.**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
211 **211**

City & State **City & State**
FORT LAUDERDALE **FORT LAUDERDALE**
Zip **Country** **Zip** **Country**
33334 **FLORIDA** **33334** **FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
507 35 6743 **Not Applicable**
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PEGGY MCENTEE
2900 EAST OAKLAND PARK BLVD.
THRD FLOOR, FORT LAUDERDALE
FLORIDA 33306

7. Name and Address of New Registered Agent
Name **PAVEL NEUBERGER**
Street Address (P.O. Box Number is Not Acceptable)
5661 NE 18th AVE
STE. 211
City **FORT LAUDERDALE** **FL** **Zip Code** **33334**

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 **PAVEL NEUBERGER** **5.30.00**
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, 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

| | |
|-----------------------|--|
| TITLE | <input type="checkbox"/> Delete |
| NAME | PAVEL NEUBERGER |
| STREET ADDRESS | 5661 NE 18th AVE. STE. 211 |
| CITY-ST-ZIP | FORT LAUDERDALE, FLORIDA 33334 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| 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 |
| 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)(f), 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: **PAVEL NEUBERGER** **4.25.00** **954-491-0936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)