

2000 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT # **P990000 Solo**
 1. Entity Name **STAR Micro Inc.**

FILED

00 OCT -9 PM 2:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **12273 SW 129 CT MIAMI, FL 33186**
 Mailing Address **12273 SW 129 CT MIAMI, FL 33186**

2. Principal Place of Business **12273 SW 129 CT**
 Suite, Apt. #, etc.
 3. Mailing Address **12273 SW 129 CT**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI Florida**
 Zip **33186** Country **USA**
 City & State **MIAMI Florida**
 Zip **33186** Country **USA**

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

6. Name and Address of Current Registered Agent
ARQUELLO ROBERTO M
11155 SW 154TH COURT
MIAMI FLORIDA 33196

7. Name and Address of New Registered Agent
 Name **ARQUELLO ALVARO**
 Street Address (P.O. Box Number is Not Acceptable) **12273 SW 129 CT**
 City **MIAMI** FL Zip Code **33186**

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 **ARQUELLO ROBERTO (DIRECTOR)** DATE **09/08/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DIRECTOR <input checked="" type="checkbox"/> Delete	NAME ARQUELLO ROBERTO M
STREET ADDRESS 11155 S.W. 154TH COURT	CITY-ST-ZIP MIAMI, FLORIDA 33196
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 DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ALVARO ARQUELLO
STREET ADDRESS 12273 SW 129 CT	CITY-ST-ZIP MIAMI FL 33186
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)(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 empowerers.

SIGNATURE: **Roberto Arquello** DATE **9/1/00** (305) 234-3738
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (9/99)