

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076137

1. Entity Name

STARBOOKS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90151 027 ***150.00

Principal Place of Business

Mailing Address

2030 SOUTH OCEAN DRIVE, UNIT 1423
HALLANDALE FL 33009

2030 SOUTH OCEAN DRIVE, UNIT 1423
HALLANDALE, FL 33009-6612

Beach

2. Principal Place of Business

3. Mailing Address

2030 So. OCEAN DR., #1423

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HALLANDALE Bch., FL

City & State

City & State

4. FEI Number

65-0951696

Applied For

Not Applicable

Zip

Country

Zip

Country

33009

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

NATHANIEL W. PRICE

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

2030 So. OCEAN DR., #1423

City

HALLANDALE Beach

FL

Zip Code

33009

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 NATHANIEL W. PRICE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
PRICE, RUTHE
2030 SOUTH OCEAN DRIVE, UNIT 1423
HALLANDALE FL 33009

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
GEIER, MICHAEL J
2030 SOUTH OCEAN DRIVE, UNIT 1423
HALLANDALE FL 33009

☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00

Date

954-456-9987

Daytime Phone #

CR2E034 (9/99)