

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079400

1. Entity Name

STUART STARR, CHARTERED

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90316 036 \*\*\*150.00

Principal Place of Business

721 N.E. 3RD. AVE.  
FT. LAUDERDALE FL 33304

Mailing Address

721 N.E. 3RD. AVE.  
FT. LAUDERDALE FL 33304

00004000J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

315 N.E. 3 AVE.

3. Mailing Address

315 N.E. 3 AVE.

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33301

Country

U.S.

Zip

33301

Country

U.S.

4. FEI Number

65-0950268

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, STARR  
721 NE 3 AVE  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name **STUART STARR**  
Street Address (P.O. Box Number is Not Acceptable)  
**315 N.E. 3 AVE., SUITE 200**  
City **FT. LAUDERDALE** FL Zip Code **33301**

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

**STUART STARR** *[Signature]* **3-9-01**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STARR, STUART</b>	
STREET ADDRESS	<b>721 N.E. 3RD. AVE.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>	
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	<b>315 N.E. 3 AVE., #200</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33301</b>	
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 19.07(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]* **STUART STARR**

**3-9-01**

**954-467-7595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)