

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093512

1. Entity Name

STELLAR INTERNATIONAL CORP.

FILED

00 OCT 12 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5310 CYPRESS CENTER DR., STE. 115
TAMPA FL 33609

Mailing Address

5310 CYPRESS CENTER DR., STE. 115
TAMPA FL 33609

2. Principal Place of Business

2203 N. Lois Avenue

Suite, Apt. #, etc.

9th Floor

City & State

Tampa, FL

Zip

33607

Country

USA

3. Mailing Address

2203 N. Lois Avenue

Suite, Apt. #, etc.

9th Floor

City & State

Tampa, FL

Zip

33607

Country

USA

REINSTATEMENT

4. FEI Number

59-3618026

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOTO, CHRISTOPHER

5310 CYPRESS CENTER DR., STE. 115
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name Loto, Christopher

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

2203 N. Lois Avenue

9th Floor

City

Tampa

FL

Zip Code

33607

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

CHRISTOPHER J. LOTO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-9-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME KAGALWALLA, ABDULLA ☐ Delete
STREET ADDRESS 5310 CYPRESS CENTER DR., STE. 115
CITY-ST-ZIP TAMPA FL 33609

TITLE D
NAME SAVORELLI, FRANK ☐ Delete
STREET ADDRESS 5310 CYPRESS CENTER DR., STE. 115
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Kagalwalla, Abdulla ☒ Change ☐ Addition
NAME
STREET ADDRESS 2203 N. Lois Avenue, 9th Floor
CITY-ST-ZIP Tampa, FL 33607

TITLE Savorelli, Frank ☒ Change ☐ Addition
NAME
STREET ADDRESS 2203 N. Lois Avenue, 9th Floor
CITY-ST-ZIP Tampa, FL 33607

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

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

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

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE

10-6-00

Corporation