

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098158

1. Entity Name  
THE STELLAR FINANCIAL SERVICES CORP.

Principal Place of Business Mailing Address  
5310 CYPRESS CENTER DRIVE #115 5310 CYPRESS CENTER DRIVE #115  
TAMPA FL 33609 TAMPA FL 33609

FILED

00 OCT 12 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

2. Principal Place of Business 3. Mailing Address  
2203 N. Lois Avenue 2203 N. Lois Avenue  
9th Floor 9th Floor

City & State City & State  
Tampa, FL Tampa, FL  
Zip Country Zip Country  
33607 USA 33607 USA

4. FEI Number Applied For  
59-3618023 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 DRIVE #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 DATE 10-6-00  
(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 \$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	SAVORELLI, FRANK	<input type="checkbox"/> Delete
NAME		5310 CYPRESS CENTER DRIVE #115	
STREET ADDRESS		TAMPA FL 33609	
CITY-ST-ZIP			
TITLE	D	KAGALWALLA, ABDULLA	<input type="checkbox"/> Delete
NAME		5310 CYPRESS CENTER DRIVE #115	
STREET ADDRESS		TAMPA FL 33609	
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		SAVORELLI, Frank	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2203 N. Lois Avenue, 9th Floor	
STREET ADDRESS		Tampa, FL 33607	
CITY-ST-ZIP			
TITLE		Kagalewalla, Abdulla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2203 N. Lois Avenue, 9th Floor	
STREET ADDRESS		Tampa, FL 33607	
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			

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\*\*\*\*750.00 \*\*\*\*750.00

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] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-6-00 (813) 286-1117  
Date Daytime Phone #