

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109411

1. Entity Name

STELLAR FUTURES CORP.

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  
9th Floor  
Tampa, FL  
33607 USA

3. Mailing Address

2203 N. Lois Avenue  
9th Floor  
Tampa, FL  
33607 USA

REINSTATEMENT

4. FEI Number

59-3618421

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME 700000343447-6  
STREET ADDRESS -10/23/00-01016-016  
CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00 ☐ Change ☐ Addition

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

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

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

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

10-6-00

Date

(813) 286-1117

Daytime Phone #

FILED

00 OCT 12 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA