

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13026

1. Entity Name

STARQ TRADING, CORP.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90108 028 ***150.00

Principal Place of Business

Mailing Address

10833 NW 29 STREET
MIAMI FL 33172

10833 NW 29 STREET
MIAMI FL 33193-2811

2. Principal Place of Business

15401 SW 60th Street

Suite, Apt. #, etc.

3. Mailing Address

15401 SW 60th Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0312847

Applied For

Not Applicable

Zip

33193

Country

USA

Zip

33193

Country

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

TAX MANAGEMENT SERVICES CORP.
7925 N.W. 12TH STREET, SUITE 324
MIAMI FL 33126

Name

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

City

FL

Zip Code

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 \$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
PVST
ROMANO, LUIZ A
10833 NW 29 STREET
MIAMI FL 33172 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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

04/24/00

Date

(305) 382 2120

Daytime Phone #

CR2E034 (9/99)