

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90159 027 \*\*\*150.00

**DOCUMENT # V13724**

1. Entity Name  
**STARLITE OF BOCA, INC.**

Principal Place of Business <b>1100 ROYAL PALM WAY          SUITE 200          BEACH FL 33480</b>	Mailing Address <b>4400 ROYAL PALM WAY          SUITE 200          PALM BEACH FL 33480</b>
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2. Principal Place of Business <b>505 S. Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>West Palm Beach, FL</b>	3. Mailing Address <b>505 S. Flagler Drive</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>West Palm Beach, FL</b>		
Zip <b>33401</b>	Country <b>USA</b>	Zip <b>33401</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0320318</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**CHOPIN, L. FRANK**  
**440 ROYAL PALM WAY, SUITE 200**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**505 S. Flagler Drive, Suite 300**  
 City **West Palm Beach** **FL** Zip Code **33401**

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CHOPIN, L. FRANK 440 ROYAL ALM WAY, SUITE 200 PALM BEACH FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>505 S. Flagler Drive, Suite 300 West Palm Beach, FL 33401</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BAUMGARTNER, ELEANOR 9 HORNER CT RICHMOND HILL, ONTARIO, CAN.</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an officer-like empowered.

SIGNATURE: **REQUIRED** Date **4/25/00** Daytime Phone # **(561) 655-9500**

CR2E034 (9/99)