

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90459 032 \*\*\*150.00

0348768 AV

**DOCUMENT # V13724**

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

Principal Place of Business <b>505 S FLAGLER DR          SUITE 300          WEST PALM BEACH FL 33401</b>	Mailing Address <b>505 S FLAGLER DR          SUITE 300          WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0320318</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CHOPIN, L. FRANK</b> <b>505 S FLAGLER DR STE 300</b> <b>WEST PALM BEACH FL 33401</b>				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 \_\_\_\_\_ (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, 2002 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</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHOPIN, L. FRANK			NAME			
STREET ADDRESS	505 S FLAGLER DR STE 300			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUMGARTNER, ELEANOR			NAME			
STREET ADDRESS	9 HORNER CT			STREET ADDRESS			
CITY-ST-ZIP	RICHMOND HILL, ONTARIO, CAN.			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *L Frank Chopin* **4-03-02 561-655-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

*Attachment*  
*Chopin & Miller*  
*Attorneys at Law*  
*A Partnership of Professional Associations*

827569

505 S. FLAGLER DRIVE  
FLAGLER CENTER TOWER, SUITE 300  
WEST PALM BEACH, FLORIDA 33401  
TELEPHONE: (561) 655-9500

MAILING ADDRESS:  
POST OFFICE BOX 4297  
WEST PALM BEACH, FLORIDA 33402  
FACSIMILE: (561) 655-9508

April 2, 2002

Florida Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

*Attachment*

Re: **Starlite of Boca, Inc.**  
**Document #V13724**

Dear Sir or Madam:

I enclose the 2002 Uniform Business Report (UBR) and \$150.00 filing fee for the above referenced corporation.

Please telephone me, should you have any questions.

Sincerely,

*John L. Shaw*

John L. Shaw  
Legal Assistant

JLS/  
Enclosures