FILED

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 07, 2002 8:00 am Secretary of State DOCUMENT # 1*72*372 1. Entity Name 02-07-2002 90021 004 \*\*\*150.00 AUTO STAR CO. Principal Place of Business Mailing Address 1010 SOUTH DIXIE HIGHWAY 1010 SOUTH DIXIE HIGHWAY HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0195918 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROITER, BENI Street Address (P.O. Box Number is Not Acceptable) 19340 NORTHEAST 18TH COURT NORTH MIAMI FL 33179 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change ŢITLE ☐ Delete ROITER, BARLB. NAME NAME 19340 N.E. 18TH COURT STREET ADDRESS STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME ROITER, REVA STREET ADDRESS 19340 NE 18TH COURT STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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.