

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90013 038 ***150.00

DOCUMENT # P93000077322

1. Entity Name

UNION STAR TRADE, CORP.

Principal Place of Business

Mailing Address

7370 NW 36 ST
 SUITE 320
 MIAMI FL 33166
 US

7370 NW 36 ST
 SUITE 320
 MIAMI FL 33166-6751
 US

2. Principal Place of Business

7370 N.W. 36 STREET

3. Mailing Address

7370 N.W. 36 Street

Suite, Apt. #, etc.

SUITE 320

Suite, Apt. #, etc.

SUITE 320

City & State

Miami - Florida

City & State

MIAMI - FLORIDA.

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

4. FEI Number

65-0449195

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVA, MARICIA
 9008 DICKENS AVE
 SURFSIDE FL 33154**

7. Name and Address of New Registered Agent

Name **MARCIA SILVA**

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

2801 N.E. 183 STREET APTD 2209

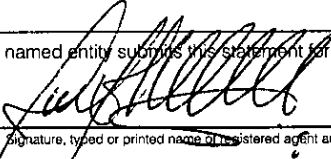
City **AVENTURA**

FL

Zip Code **33160**

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)

03/22/00

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

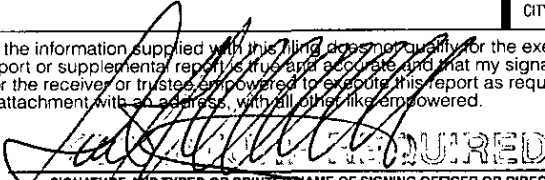
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	REGINO, FELIPE ELIAS	9008 DICKENS AVE	SURFSIDE FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FELIPE ELIAS REGINO	2801 NE 183 Street # 2209	AVENTURA - Florida - 33160	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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

Date

Daytime Phone #

CR2E(14) (9/99)