

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90001 014 ***150.00

UCR00089

DOCUMENT # P93000077322

1. Entity Name
UNION STAR TRADE, CORP.

Principal Place of Business 7370 NW 36 ST SUITE 320 MIAMI FL 33166 US	Mailing Address 7370 NW 36 ST SUITE 320 MIAMI FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0449195**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**HANSEN, CLAUDIA T
 10997 NW 62ND TERRACE
 MIAMI FL 33178**

Name **MARCIA DA SILVA**

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

1080 94 STREET APTD 511

City **BAY HARBOR ISLAND** FL Zip Code **33154**

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 **MARCIA DA SILVA** **MANAGER** **02/08/01**
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, 2001 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	P	<input type="checkbox"/> Delete
NAME	REGINO, FELIPE ELIAS	
STREET ADDRESS	2801 NE 183RD ST #2209	
CITY-ST-ZIP	AVENTURA FL 33160	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGINO FELIPE ELIAS	
STREET ADDRESS	1080 94 STREET # 511	
CITY-ST-ZIP	BAY HARBOR ISLAND - FL - 33154	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
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 judge 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: **FELIPE ELIAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02/08/01** Daytime Phone # **(305) 497-5008**

CR2E034 (10/00)