

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035996

1. Entity Name

ALL STAR SERVICE COMPANY INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90102 020 \*\*\*150.00

Principal Place of Business

Mailing Address

2919 EAST COMMERCIAL BLVD  
 STE A  
 FT. LAUDERDALE FL 33308

2919 EAST COMMERCIAL BLVD  
 STE A  
 FT. LAUDERDALE FL 33308-4207

2. Principal Place of Business

3. Mailing Address

1030 SW 67 AVE.  
 Suite, Apt. #, etc.

1030 SW 67 AVE.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

County & State

County & State

4. FFI Number

Applied For

NO. LAUD. FL.

NO. LAUDERDALE FL.

65-0915038

Not Applicable

Zip 33068

Country BROWARD

Zip 33068

Country BROWARD

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

ALLEN H. KATZ PA  
 2919 EAST COMMERCIAL BLVD  
 STE A  
 FT. LAUDERDALE FL 33308

Name

2800 E. Commercial Blvd  
 Ste 208

St. Lauderdale FL

Zip Code

33308

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZACHER, JOHN L	
STREET ADDRESS	1030 S.W. 67 AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ZACHER, SHIRLEY	
STREET ADDRESS	1030 S.W. 67 AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

*John L. Zacher*  
 JOHN L. ZACHER

3-23-00 (954) 973-1015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)