2002 Uniform Business Report (UBR)

Mar 25, 2002 8:00 am P01000027881 DOCUMENT # **Secretary of State** 1. Entity Name 03-25-2002 90134 010 ***150.00 AMERICAN STAR CARS, INC. Principal Place of Business Mailing Address 9725 SW 2ND STREET 9725 SW 2ND STREET **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 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 VINCENS EVERAENT EVERAERT, VINCENT Street Address (P.O. Box Number is Not Acceptable) 2000 NE 30TH COURT LIGHTHOUSE POINT FL 33064 RAT 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible --10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE A Change ☐ Addition RA-NOUX CHRISTIAN 6 RANOUX, CHRISTIAN G NAME NAME 9725 SW 2ND STREET 2000 NE 30TH COURT STREET ADDRESS STREET ADDRESS FLORLINA 33418 LIGHTHOUSE POINT FL 33064 BOCK ROTAN CITY-ST-ZIP CITY-ST-ZIP TITLE VD. ☐ Delete TITLE V D Change ☐ Addition EVERAGRET VINCENT **EVERAERT, VINCENT** NAME NAME 2000 NE 30TH COURT 9725 SW 2ND STREET STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED