

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 608206**

1. Entity Name

3 STAR U.S. AUTO RADIATOR, INC.**FILED****Mar 23, 2000 8:00 am**
Secretary of State

03-23-2000 90032 033 ***150.00

Principal Place of Business

**4358 N DIXIE HWY
OAKLAND PARK FL 33334**

Mailing Address

**4358 N DIXIE HWY
OAKLAND PARK FL 33334-3832**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1890501**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CROSS, JOEL S
7801 TRAVELERS TREE DR.
BOCA RATON FL 33433****7. Name and Address of New Registered Agent**

Name

Michael Cross

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

4378 N. Dixie Hwy.

City

Oakland Park**FL**Zip Code **33334**

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

3/3/009. 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	P	<input checked="" type="checkbox"/> Delete
NAME	CROSS, JOEL S	
STREET ADDRESS	7694 LA CORNICLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CROSS, TOBY S.	
STREET ADDRESS	7694 LACORNICLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CROSS, MICHAEL	
STREET ADDRESS	4378 N DIXIE HWY	
CITY-ST-ZIP	OAKLAND FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Cross	
STREET ADDRESS	4378 N. Dixie Hwy	
CITY-ST-ZIP	Oakland Park, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Cross

Date

3/3/00

Daytime Phone #

954-566-7403