

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 682406

1. Entity Name

AMERICAN STAR PLASTICS, INC

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90041 040 ***150.00

Principal Place of Business

C/O RAMON BERRAYARZA
6701 NW 37TH CT
MIAMI FL 33147
US

Mailing Address

C/O RAMON BERRAYARZA
6701 NW 37TH CT
MIAMI FL 33147-6536
US

2. Principal Place of Business

6701 N.W. 37 CT.
Suite, Apt. #, etc.

3. Mailing Address

6701 N.W. 37 CT.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

4. FEI Number

59-2021407

Applied For

Not Applicable

Zip

33147

Country

MIAMI DADE

Zip

33147

Country

MIAMI=DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATISTA, ALEXIS
5754 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PD ☐ Delete
NAME GONZALEZ, MARIA
STREET ADDRESS 6405 S.W. 31 STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE VD ☐ Delete
NAME GONZALEZ, MARIA
STREET ADDRESS 6405 S.W. 31 STREET
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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

ANTONIO GONZALEZ

5/23/2000 (305)835-0091

Date

Daytime Phone #

CR2E034 (9/99)