

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696651

1. Entity Name

ASTRO INTERNATIONAL, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90006 009 ***150.00

Principal Place of Business

Mailing Address

~~2139 N. UNIVERSITY DR.~~
~~SUITE 350~~
~~CORAL SPRINGS FL 33071~~
~~US~~

~~2139 N. UNIVERSITY DR.~~
~~SUITE 350~~
~~CORAL SPRINGS FL 33071-6134~~
~~US~~

2. Principal Place of Business

3. Mailing Address

2390 NW 108th Drive
Suite, Apt. #, etc.

2390 NW 108th Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL SPRINGS, FL

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33065

USA

33065

USA

4. FEI Number

59-2135787

Applied For

Not Applicable

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

ROSE, PETER A ESQ
2101 N. ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE FL 33311

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD ☐ Delete
NAME DEHLINGER, B FIG
STREET ADDRESS 2139 N. UNIVERSITY DR. SUITE 350
CITY-ST-ZIP CORAL SPRINGS FL

TITLE PD ☐ Delete
NAME DEHLINGER, PETER J
STREET ADDRESS 2139 N. UNIVERSITY DR.
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2390 NW 108th Drive
CITY-ST-ZIP 33065

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2390 NW 108th Drive
CITY-ST-ZIP 33065

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

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

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

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:

Peter J. Dehlinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER J. DEHLINGER

Date

Daytime Phone #

2-7-2000 224-3715