

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90162 045 ***150.00

DOCUMENT # M24889

1. Entity Name
ALLSTAR MIRROR, INC.



Principal Place of Business
C/O ALLEN M. LEVINE
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

Mailing Address
C/O ALLEN M. LEVINE
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2676413**

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

LEVINE, ALLEN M.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
NAME **LEVAY, STEPHEN WILLIAM**
STREET ADDRESS **1180 S.W. 20TH AVENUE**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

V ☐ Delete
NAME **LEVAY, TERI L**
STREET ADDRESS **1180 SW 20 AVE**
CITY-ST-ZIP **BOCA RATON FL**

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

S ☐ Delete
NAME **LEVAY, TRICIA ANN**
STREET ADDRESS **1180 SW 20 AVENUE**
CITY-ST-ZIP **BOCA RATON FL**

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

P ☐ Delete
NAME **LEVAY, STEPHEN W**
STREET ADDRESS **1180 SW 20 AVE**
CITY-ST-ZIP **BOCA RATON FL 33486**

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03

Date

561-3687266

Daytime Phone #

CR2E034 (10/02)