

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 009 ****61.25

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DOCUMENT # **N02000009797**

1. Entity Name

ASTAR CSC, INC.



Principal Place of Business

**9042 STATE RD 84
DAVIE FL 33324**

Mailing Address

**9042 STATE RD 84
DAVIE FL 33324**

11063446

2. Principal Place of Business

3. Mailing Address

1304 SW 160th Ave.

Suite, Apt. #, etc.
PMB 631

City & State
FORT LAUDERDALE FL



CHECK HERE IF MAKING CHANGES

4. FEI Number

42-1565034

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOOD, JEFFREY S
C/O MAY MEACHAM & DAVELL, P.A.
ONE FINANCIAL PLAZA, STE 2602
FT LAUDERDALE FL 33394**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DPS	WOLTER, MARGARET	600 PALM BLVD	WESTON FL 33326	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	LEVINSON, MARY	1217 SE 3RD AVE	FT LAUDERDALE FL 33316	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	KACIN, JOANNE	17 PELICAN DR	FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/>	DV	CYNTHIA PARSONS	440 NE 17th Wcy	FORT LAUDERDALE, FL 33301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	ZORICA TROUP	1702 ROYAL GROVE WAY	WESTON, FL 33327	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	D	LUCILLE HILL	3210 NW 16th St.	FORT LAUDERDALE, FL 33311	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: *Margaret S. Wolter* MARGARET S. WOLTER 4/25/03 (954) 629-8209

CR2E037 (10/02)