

2000 UNIFORM BUSINESS REPORT (UBR)

7/21

FILED

Aug 21, 2000 8:00 am
Secretary of State

07-21-2000 90162 034 ****69.90

DOCUMENT # N99000002072

1. Entity Name

SOUTH FLORIDA ALL*STARS, INC. ✓

Principal Place of Business

20911 JOHNSON STREET, SUITE 101
PEMBROKE PINES FL 33029

Mailing Address

20911 JOHNSON STREET, SUITE 101
PEMBROKE PINES FL 33029

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

15-0922181

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOOMAR, L. GREGORY
L. GREGORY LOOMAR, P.A.
1152 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	President / Treasurer	<input type="checkbox"/> Delete
NAME	Debi Phillips	
STREET ADDRESS	940 NW 202nd Ter	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	Vice President / Secretary	<input type="checkbox"/> Delete
NAME	Leslie Shimulunas	
STREET ADDRESS	862 NE 209th St #101	
CITY-ST-ZIP	N. Miami Bch., FL 33179	
TITLE	Maryanne Scott	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D President / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debi Phillips	
STREET ADDRESS	940 NW 202nd Ter	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	D Vice President / Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leslie Shimulunas	
STREET ADDRESS	862 NE 209th St #101	
CITY-ST-ZIP	N. Miami Bch., FL 33179	
TITLE	D Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maryanne Scott	
STREET ADDRESS	20911 Johnson St #101	
CITY-ST-ZIP	Pembroke Pines Fla. 33029	
TITLE	D Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas E. Phillips III	
STREET ADDRESS	20911 Johnson St. #101	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)