

2011 **UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000065008**

1. Entity Name

ALL STAR ENTERTAINMENT GROUP, INCORPORATED**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90291 017 ***158.75

Principal Place of Business

**6619 S. DIXIE HIGHWAY, SUITE 161
MIAMI FL 33137**

Mailing Address

**6619 S. DIXIE HIGHWAY, SUITE 161
MIAMI FL 33137**

2. Principal Place of Business

6770 S.W. 101 St.

3. Mailing Address

6619 S. Dixie Hwy.

Suite, Apt. #, etc.

Miami, Fla.

Suite, Apt. #, etc.

Suite 161

City & State

City & State

Miami, Florida

Zip

33156

Country

U.S.

Zip

33156

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

261-17-2974

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

**BROWN, VINCENT T
555 NE 34TH STREET, SUITE 307
MIAMI FL 33137**

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

4/15/01

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BROWN, VINCENT T	555 NE 34TH STREET, SUITE 307	MIAMI FL 33137	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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D	DAWSON, ANDRE N	6619 S. DIXIE HIGHWAY, SUITE 161	MIAMI FL 33143	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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D	LAPREAD, MICHAEL G	555 NE 34TH STREET, SUITE 307	MIAMI FL 33137	<input type="checkbox"/>
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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

Date

Daytime Phone #

305-773-2863**305-661-8880**

CR2E034 (10/00)