FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) - Roc

DOCUMENT # *P00000087125*

1. Entity Name

AUTO STAR USA INC

DO NOT WRITE IN THIS SPACE

752320

2. Principal Place of Business
1391 NW 65 AVE

Suite, Apt. #, etc.

3. Mailing Address
1391 NW 65 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION FL

City & State
PLANTATION FL

Zip 33313	Country USA	Zip 33313	Country USA

4. FEI Number
65-1040534

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SHUKI SAMANA

Street Address (P.O. Box Number is Not Acceptable)
1391 NW 65 AVE

City PLANTATION   FL   Zip Code 33313

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)

3/18/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE **PRESIDENT** NAME SHUKI SAMANA STREET ADDRESS 1391 NW 65 AVE CITY-ST-ZIP PLANTATION FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #