

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) (AMENDED)**

DOCUMENT # P00000100527

1. Entity Name
ALLSTAR INVESTMENTS, INC.

FILED
02 APR 2 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15430 DURNFORD DR

3. Mailing Address
15430 DURNFORD DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number
65-1051134

Applied For
Not Applicable

Zip
33014

Country
USA

Zip
33014

Country
USA

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
DIAZ, MORAIMA

Street Address (P.O. Box Number is Not Acceptable)
15430 DURNFORD DR

City MIAMI LAKES **FL** **Zip Code** 33014

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

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 P/D
NAME DELGADO, DANIEL
STREET ADDRESS 15430 DURNFORD DR
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE V/S/D
NAME DIAZ, MORAIMA
STREET ADDRESS 15430 DURNFORD DR
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE T/D
NAME DELGADO, JUAN CARLOS
STREET ADDRESS 15430 DURNFORD DR
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/02 **Daytime Phone #** 786-251-7672