

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-21-2001 90361 003 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000104096**

1. Entity Name

ASTRO EVENTS OF FLORIDA, INC.

Principal Place of Business

370 EAST MCNAB ROAD
POMPANO BEACH FL 33060

Mailing Address

370 EAST MCNAB ROAD
POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1076232

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name K&K Accounting & Tax Service

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

2825 N. University Drive

Ste. 410

City Coral Springs, FL

FL

Zip Code

33065

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 fee (if applicable).

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	PSTD QUINN, MATTHEW J	370 EAST MCNAB ROAD	POMPANO BEACH FL 33060	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

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

MATTHEW J. QUINN