

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90001 012 ***150.00

DOCUMENT # P00000106019

1. Entity Name
CRONOS STAR, CORP.

Principal Place of Business

**3508 W 72 ST
HIALEAH GARDENS FL 33018**

Mailing Address

**3508 W 72 ST
HIALEAH GARDENS FL 33018**

2. Principal Place of Business

9707 N.W. 126 Terrace

3. Mailing Address

9707 N.W. 126 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Hialeah Gardens, FL

Zip

33018

Country

Dade

Zip

33018

Country

Dade

4. FEI Number

65-1054784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, OMAR
3508 W 72 ST
HIALEAH GARDENS FL 33018**

7. Name and Address of New Registered Agent

Name

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

9707 N.W. 126 Terrace

City

Hialeah Gardens

FL

Zip Code

33018

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **DP** ☒ Delete
NAME **CRUZ, OMAR S.**
STREET ADDRESS **3508 W 72 ST**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **T** ☒ Delete
NAME **CRUZ, OMAR SR**
STREET ADDRESS **3508 W 72 STREET**
CITY-ST-ZIP **HIALEAH FL 33-018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **CRUZ OMAR S.**
STREET ADDRESS **9707 NW 126 TERR**
CITY-ST-ZIP **HIALEAH GONS FL 33018**

TITLE **T** ☒ Change ☐ Addition
NAME **CRUZ TOLEDO OMAR J.**
STREET ADDRESS **9707 NW 126 TERR**
CITY-ST-ZIP **HIALEAH GONS FL 33018**

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

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

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

TITLE ☐ Change ☐ Addition
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 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 #

1-30-02 305-362 1149

CR2E034 (9/01)