

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

201265 AV

03-13-2002 90089 014 ***150.00

DOCUMENT # P01000099839

1. Entity Name

AF-C ALL STAR ENTERPRISES, INC.

Principal Place of Business

117 ROYAL PARK AVE APT 4A
 OAKLAND PARK FL 33309

Mailing Address

117 ROYAL PARK AVE APT 4A
 OAKLAND PARK FL 33309

2. Principal Place of Business

2386 E Sunrise Blvd

Suite, Apt. #, etc.

3. Mailing Address

PO Box 24872

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale FL

City & State
Fort Lauderdale FL

4. FEI Number

65-1153524

Applied For

Not Applicable

Zip
33305

Country
USA

Zip
33307

Country
USA

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

FRATICHELLI, ANNETTE
 117 ROYAL PARK AVE APT 4A
 OAKLAND PARK FL 33309

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D FRATICHELLI, ANNETTE**
 STREET ADDRESS **117 ROYAL PARK AVE APT 4A**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

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

TITLE ☐ Delete
 NAME **VD CONROY, GEORGE B**
 STREET ADDRESS **117 ROYAL PARK AVE APT 4A**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Annette Fraticelli-Conroy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02
 Date

Date

Daytime Phone #

CR2E034 (9/01)