


**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90109 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000107178</b>					
1. Entity Name <b>ALLSTAR INSURANCE BROKERAGE INC</b>					
Principal Place of Business 707 EAST 9TH STREET HIALEAH, FL 33010		Mailing Address 707 EAST 9TH STREET HIALEAH, FL 33010			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-1650860</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VELIZ, CARMEN 707 EAST 9 STREET HIALEAH, FL 33010				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Wiley</i> DATE: <b>3-15-03</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete		TITLE	Change Addition
NAME	VELIZ, CARMEN			NAME	
STREET ADDRESS	707 EAST 9 STREET			STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 33010			CITY- ST- ZIP	
TITLE	D	Delete		TITLE	Change Addition
NAME	VALDES, ANTONIO			NAME	
STREET ADDRESS	707 EAST 9 STREET			STREET ADDRESS	
CITY- ST- ZIP	HIALEAH, FL 33010			CITY- ST- ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Wiley</i>				DATE: <b>3-15-03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

90056028



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (1/02)