

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0357286 AV

DOCUMENT # **P02000116480**

1. Entity Name
ALLSTAR AVIATION, INC.



Principal Place of Business
8216 N.W. 9 COURT
PLANTATION FL 33324
US

Mailing Address
8216 N.W. 9 COURT
PLANTATION FL 33324
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12248 NW 30th MANOR

3. Mailing Address
12248 NW 30th MANOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE FL

City & State
SUNRISE FL

4. FEI Number
65-1160492

Applied For
☐ Not Applicable

Zip
33323 Country
BROWARD

Zip
33323 Country
BROWARD

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

STEVEN B. DOLCHIN, P.A. MY ATTORNEY'S OFFICE.
3864 SHERIDAN STREET e/o.
HOLLYWOOD FL 33021

Name
SHAHZADA SULTAN JANJUA

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

12248 NW 30th MANOR

City
SUNRISE FL Zip Code
33323

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 **SHAHZADA SULTAN JANJUA PRES/CEO/OWNER 4/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAHZADA SULTAN JANJUA 12248 NW 30th MANOR SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAMIA NAZ JANJUA 12248 NW 30th MANOR SUNRISE FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **President / SHAHZADA SULTAN JANJUA 954-249937**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/23/03** Daytime Phone #

CR2E034 (10/02)