

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050209

1. Entity Name
ASTER PRODUCTIONS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90183 030 ***150.00

Principal Place of Business

6564 N CHASEWOOD DRIVE
UNIT E
JUPITER FL 33458
US

Mailing Address

P O BOX 7582
~~7601 NW 4TH STREET~~ Delete
JUPITER FL 33468-7582
US

2. Principal Place of Business

431 Jupiter LAKES Blvd

3. Mailing Address

P.O. BOX 7582

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2123 A

City & State

City & State

Jupiter FL

JUPITER FL

Zip

Country

Zip

Country

33458

USA

33468-7582

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASTER, MICHELE
6564 N CHASEWOOD DR #E
JUPITER FL 33458

Name

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

431 JUPITER LAKES BLVD. # 2123 A

City

FL

Zip Code

33458

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ASTER, MICHELE
664 N CHASE WOOD DRIVE #E
JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
431 JUPITER LAKES BLVD ☒ Change ☐ Addition
2123 A
JUPITER FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
SACHUK, MATTHEW
PO BOX 7582 N/A
JUPITER FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-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: MICHELE ASTER 4/20/00 (561) 744-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #