

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077322

1. Entity Name

UNION STAR TRADE, CORP.

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90013 038 \*\*\*150.00

Principal Place of Business

7370 NW 36 ST  
SUITE 320  
MIAMI FL 33166  
US

Mailing Address

7370 NW 36 ST  
SUITE 320  
MIAMI FL 33166-6751  
US

2. Principal Place of Business

7370 N.W. 36 STREET

3. Mailing Address

7370 N.W. 36 Street

Suite, Apt. #, etc.

SUITE 320

Suite, Apt. #, etc.

SUITE 320

City & State

Miami - Florida

City & State

MIAMI - FLORIDA.

Zip

33166

Country

U.S.A

Zip

33166

Country

U.S.A

4. FEI Number

65-0449195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SILVA, MARICIA  
9008 DICKENS AVE  
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name

MARCIA SILVA

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

2801 N.E. 183 STREET APTD 2209

City

AVENTURA

FL

Zip Code

33160

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]*

03/25/00

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS REGINO, FELIPE ELIAS  
CITY-ST-ZIP 9008 DICKENS AVE  
SURFSIDE FL 33154

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS FELIPE ELIAS REGINO  
CITY-ST-ZIP 2801 NE 183 Street # 2209  
AVENTURA - Florida - 33160

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EX(14 (3/99))