

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069362

1. Entity Name

ASTRO VALET, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATION

00 OCT 30 PM 1:31

Principal Place of Business

513 SOUTH OCEAN DRIVE, SUITE A
HOLLYWOOD FL 33019

Mailing Address

513 SOUTH OCEAN DRIVE, SUITE A
HOLLYWOOD FL 33019

2. Principal Place of Business

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13935 NW 1st AVENUE
MIAMI, FLORIDA 33168

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0607729

Applied For

Not Applicable

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

PEREZ BEHAR & ASSOC., P.A.

13935 NW 1st AVENUE

MIAMI, FLORIDA 33168

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

Yasser Salah President - Perez Behar & Assoc. 10/25/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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
PSTD
SALAH, YASSER GINO
513 SOUTH OCEAN DRIVE, SUITE A
HOLLYWOOD FL 33019

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003463484--6
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☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yasser Salah 9-22-00 954-927-3517

CR2E034 (5/00)