

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057001

1. Entity Name

TRISTAR COMMUNICATIONS CORP.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90252 025 ***150.00

Principal Place of Business

100 E LINTON BLVD
407 B
DELRAY BEACH FL 33483
US

Mailing Address

100 E LINTON BLVD
407 B
DELRAY BEACH FL 33483-3327
US

2. Principal Place of Business

3350 NW 22nd terr

3. Mailing Address

3350 NW 22nd terr

Suite, Apt. #, etc.

Suite 1100 B

Suite, Apt. #, etc.

Suite 1100 B

City & State

Pompano Beach FL

City & State

Pompano Beach, FL

Zip

33069

Country

Zip

33069

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0681257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GROSS, ELISE
7590 MARTINIQUE BLVD
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

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 \$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 P ☐ Delete

NAME GROSS, ELISE
STREET ADDRESS 7590 MARTINIQUE BLVD
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VP ☐ Delete

NAME GROSS, NATHAN
STREET ADDRESS 7590 MARTINIQUE BLVD
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ST ☐ Delete

NAME GROSS, NATHAN
STREET ADDRESS 7590 MARTINIQUE BLVD
CITY-ST-ZIP BOCA RATON FL 33433

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
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00

CR2E034 (9/99)