

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000060630**

1. Entity Name  
**Alster Enterprises, Inc.**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90076 038 \*\*\*158.75

Principal Place of Business  
**10855 NW 29 St.  
Miami, Fl. 33172**

Mailing Address  
**10855 NW 29 St.  
Miami, Fl. 33172**

**B0029813**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**10855 NW 29 St.**  
Suite, Apt. #, etc.  
City & State  
**Miami, Fl.**  
Zip Country  
**33172**

4. FEI Number  
**65-0681442**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**Rudolf Wennin  
10855 NW 29 St.  
Miami, Fl. 33172**

## 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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Rudolf Wennin</b>	
STREET ADDRESS	<b>10855 NW 29 St., Miami, Fl. 33172</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Margarita Elena Wennin</b>	
STREET ADDRESS	<b>10855 NW 29 St., Miami, Fl. 33172</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Wennin Helmuth</b>	
STREET ADDRESS	<b>10825 NW 33 St., Miami, Fl. 331</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Young Myriam</b>	
STREET ADDRESS	<b>10825 NW 33 St., Miami, Fl.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/99)