

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102531

1. Entity Name
ASTAR COMMERCIAL INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90008 022 ***150.00

Principal Place of Business

3032 E COMMERCIAL BLVD

7
FT LAUDERDALE FL 33308
US

Mailing Address

3032 E COMMERCIAL BLVD

7
FT. LAUDERDALE FL 33308
US

643329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5200 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE #2

City & State
FT. LAUDERDALE, FL

Zip
33308

Country
US

3. Mailing Address

5200 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE #2

City & State
FT. LAUDERDALE, FL.

Zip
33308

Country
US

4. FEI Number 65-0725643

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

PINCI, GUALTIERO
3032 E COMM BLVD STE 7
FT LAUDERDALE FL 33308

Name PINCI, GUALTIERO

Street Address (P.O. Box Number is Not Acceptable)
5200 N. FEDERAL HWY

SUITE #2

City FT. LAUDERDALE FL Zip Code 33308

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 Pinci Gualtiero (GUALTIERO PINCI) 4/20/01
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, 2001 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	D PINCI, GUALTIERO 4600A SEA GRAPE DRIVE LAUDERDALE-BY-THE-SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIOLETA PARAGULLA 4600A SEA GRAPE DRIVE LAUDERDALE-BY-THE-SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Pinci Gualtiero (GUALTIERO PINCI) 4/20/01 954-2291918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)