

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90027 014 ***150.00

DOCUMENT # P96000102531

1. Entity Name
ASTAR COMMERCIAL INC.

Principal Place of Business

**5200 N FEDERAL HWY
 STE 2
 FT LAUDERDALE FL 33308
 US**

Mailing Address

**5200 N FEDERAL HWY
 STE 2
 FT LAUDERDALE FL 33308
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
 5200 N FEDERAL HWY
 STE 2
 FT LAUDERDALE FL 33308**

Name **EXPERT ACCOUNTING TAX SERV. INC.**
 Street Address (P.O. Box Number is Not Acceptable)
1701 E ATLANTIC BLVD
 City **POMPANO BCH** FL Zip Code **33062**

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 **GIORDANNI INCARDONA** *Signature* **1/31/02**
 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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	PINCI, GUALTIERO	
STREET ADDRESS	4600A SEA GRAPE DRIVE	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARAGULLA, VIOLETA	
STREET ADDRESS	4600A SEA GRAPE DRIVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARAGULLA, VIOLETA	
STREET ADDRESS	5200 N FEDERAL HWY STE 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3. 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 Required** *Signature* **1/31/02** **954-7810077**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)