

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011588

1. Entity Name

T - STAR DISTRIBUTOR, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90183 031 \*\*\*150.00

Principal Place of Business

Mailing Address

6175 N.W. 167TH STREET  
 SUITE G-17  
 MIAMI FL 33015

256 NW 42 AVE  
 MIAMI FL 33126-5452  
 US

2. Principal Place of Business

3. Mailing Address

18598 NW 22 st.

256 NW 42 ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Miami FL

4. FEI Number

65-0744464

Applied For

Not Applicable

Zip

Country

33029

Zip

Country

33029

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

STEWART, GEORGE A  
 6175 N.W. 167TH STREET  
 SUITE G-17  
 MIAMI FL 33015

Name

Stewart, George A

Street Address (P.O. Box Number is Not Acceptable)

18598 NW 22 st.

City

Pembroke Pines

FL

Zip Code  
 33029

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete  
 NAME STEWART, GEORGE A  
 STREET ADDRESS 6175 NW 167 ST G-17  
 CITY-ST-ZIP MIAMI FL 33015

TITLE Stewart, George A ☐ Change ☐ Addition  
 NAME 18598 NW 22 st.  
 STREET ADDRESS Pembroke Pines FL 33029  
 CITY-ST-ZIP

TITLE P ☐ Delete  
 NAME STEWART, GEORGE  
 STREET ADDRESS 6175 NW 167 ST S-617  
 CITY-ST-ZIP MIAMI FL 33015

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)