

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90950 002 \*\*\*150.00

DOCUMENT # **P98000008757**

1. Entity Name

**All Star Billiards, Inc.**

Principal Place of Business

Mailing Address

**1112 Westown Road, #231 Westown, FL 33326**

2. Principal Place of Business

3. Mailing Address

**651 NW 124 Street Westown, FL 33326**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-0805050**

Applied For

Not Applicable

Zip

Country

**33168 USA**

Zip

Country

**33168 USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

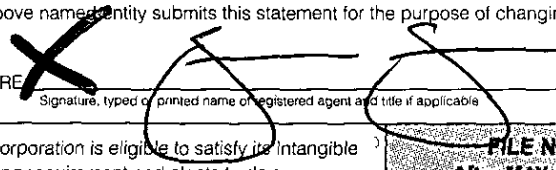
6. Name and Address of Current Registered Agent

**Spell, Samuel K  
 1112 Westown Road, #231  
 Westown, FL 33326**

7. Name and Address of New Registered Agent

Name **Spell, Samuel K**  
 Street Address (P.O. Box Number is Not Acceptable) **651 NW 124 Street**  
 City **MIAMI** FL **33168**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

**SAMUEL K. Spell  
 PRESIDENT 4/20/00**

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	DP	<input type="checkbox"/> Delete
NAME	<b>Spell, Samuel K</b>	
STREET ADDRESS	<b>1112 Westown Road, #231</b>	
CITY-ST-ZIP	<b>Westown, FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Spell, Samuel K</b>	
STREET ADDRESS	<b>651 NW 124 Street</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33168</b>	
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

**SAMUEL K. Spell  
 PRESIDENT**

Date

Daytime Phone #

**4/26/00 954 471-8225**