## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P98000024099** 1. Entity Name ALPHA STAR CORPORATION 03-20-2000 90129 008 \*\*\*150.00 Principal Place of Business Malling Address 777 LANTANA ROAD 777 LANTANA MOAD C/O LAW OFFICES OF WAYNE M. LEVINE LANTANA PL 33482-1632 C/O LAW OFFICES OF WAYNE M. LEVINE LANTANA Ph 33462 3. Mailing Address 2. Principal Place of Business 1944 Palaco Grande Pkwy 1944 Palaco Grande Pkwy Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0821006 Cape Coral, FL Not Applicable Cape Coral, FL Country \$8.75 Additional 5. Certificate of Status Desired 33904 Fee Required 33904 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DR. Dietmar Bittner COMAN. DÓLLY Street Address (P.O. Box Number is Not Acceptable) 777 LANTANA ROAD 1944 Palaco Grande Pkwy C/O LAW OFFICES OF WAYNE M. LEVINE LAMTANA FL 33462 Zip Code City 33904 Cape Coral state thent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sult 02/28/2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. Signature, typed or print \_ FILE NOW!!! FEE IS \$150.00.\_\_ 9. This corporation is eligible to satisfy its Intangible Election Campaion Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** Change ☐ Addition TITLE Delete PVST BITTNER, DIETMAR Bittner, Dietmar 1944 Palaco Grande Pkwy NAME NAME STREET ADDRESS KALKBERGSTR 184 STREET ADDRESS D-52080 AACHEM, GERMANY CITY-ST-ZIP Cape Coral, FL, 33904 CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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 supplementaring of its 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.

of the corporation or the receiver or trusted empowed to be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with a later like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO