

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90013 036 \*\*\*150.00

**DOCUMENT # P99000021222**

1. Entity Name  
**ALLSTAR INSURANCE, INC.**

Principal Place of Business  
**5060 WEST 12TH AVENUE  
 HIALEAH FL 33012**

Mailing Address  
**5060 WEST 12TH AVENUE  
 HIALEAH FL 33012**

2. Principal Place of Business  
**7229 N.W. 79th. Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7229 N.W. 79th. Terrace**  
 Suite, Apt. #, etc.

City & State  
**MEDLEY, FLORIDA**

City & State  
**MEDLEY, FLORIDA**

4. FEI Number **65-0906869**

Applied For  
 Not Applicable

Zip Country  
**33166 Miami-Dade**

Zip Country  
**33166 Miami-Dade**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ESTEVEZ, NEVIS**  
**5060 WEST 12TH AVENUE**  
**HIALEAH FL 33012**

## 7. Name and Address of New Registered Agent

Name **ALMENARES, ALINA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7229 N.W. 79th. Terrace**  
 City **Medley** **FL** Zip Code **33166**

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 *Alina Almenares* **February 20, 2002**  
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV ESTEVEZ, NEVIS 5060 WEST 12TH AVENUE HIALEAH FL 33012	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ALMENARES, ALINA 7229 N.W. 79th. Terrace Medley, Florida 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEL PRADO, GUILLERMO 7229 N.W. 79th. Terrace, Medley, Florida 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addit

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

February 20, 2002

Date

Daytime Phone #

CR2E034 (9/01)