

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000035554**

1. Entity Name

ALL STAR OVERHEAD DOORS, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90020 040 ***150.00

Principal Place of Business 2800 SW 4TH AVENUE FORT LAUDERDALE FL 33315	Mailing Address 2800 SW 4TH AVENUE FORT LAUDERDALE FL 33315-3043
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00016611

2. Principal Place of Business	3. Mailing Address
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DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. Bay 5	Suite, Apt. #, etc. Bay 5
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City & State	City & State
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4. FEI Number

Applied For
Not Applicable**65-0912823**

Zip	Country	Zip	Country
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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****MILLS, BRADLEY F
2800 SW 4TH AVENUE
FORT LAUDERDALE FL 33315**Name
Robert ScheerStreet Address (P.O. Box Number is Not Acceptable)
2800 S.W. 4th Avenue**Bay 5**City **Fort Lauderdale, FL** Zip Code **33315**

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

ROBERT SCHEER**2/2/00**9. This corporation is eligible to satisfy its filing
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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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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: **Robert Scheer****ROBERT SCHEER, President****2/2/00**

Date

Daytime Phone #

954 463-9998