

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041668

1. Entity Name

Blue Star Investments, Inc

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90183 001 *****8.75

03-03-2000 90183 002 ***150.00

Principal Place of Business

Mailing Address

1322 Madison Street
Hollywood, Fla 33019

2. Principal Place of Business

1322 Madison Street

3. Mailing Address

1322 Madison Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Fla

City & State

Hollywood, Fla 33019

4. FEI Number

65-0918556

Applied For

Not Applicable

Zip

33019

Country

USA

Zip

33019

Country

USA

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

6. Name and Address of Current Registered Agent

Earl Lawrence
1322 Madison Street
Hollywood, Fla 33019

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **Pres** NAME **Howard Steklof** ☐ Delete
STREET ADDRESS **1701 NW 93rd Terr**
CITY-ST-ZIP **Plantation, Fl 33322**

TITLE **V.P.** NAME **Earl Lawrence** ☐ Delete
STREET ADDRESS **1322 Madison Street**
CITY-ST-ZIP **Hollywood, Fla 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: Earl Lawrence V. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2000
Date

954-929-9813
Daytime Phone #

CR2E034 (9/99)