

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90323 034 \*\*\*163.75

**DOCUMENT #** P99000044588

**1. Entity Name**

A-STAR WHOLESALE, INC.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

713 KENNEDY BLVD

Suite, Apt. #, etc.

2ND FLOOR, STE2

**City & State**

NORTH BERGEN NJ

**Zip**

07047

**Country**

USA

**3. Mailing Address**

158 BLEECKER STREET

Suite, Apt. #, etc.

**City & State**

JERSEY CITY NJ

**Zip**

07307

**Country**

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

650924874

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☒

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

CORPAMERICA, INC

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

416 S.E. 15 TH STREET

**City**

FT. LAUDERDALE

**FL**

**Zip Code**

33316

**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. ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b>	P
<b>NAME</b>	ANJUM, MOHAMED
<b>STREET ADDRESS</b>	158 BLEECKER STREET
<b>CITY-ST-ZIP</b>	JERSEY CITY, NJ-07307
<b>TITLE</b>	GM
<b>NAME</b>	SHAIKH, UZAIR AHMED
<b>STREET ADDRESS</b>	158 BLEECKER STREET
<b>CITY-ST-ZIP</b>	JERSEY CITY, NJ-07307
<b>TITLE</b>	V
<b>NAME</b>	AZAM A.AZIZ, KHAN MOHAMED
<b>STREET ADDRESS</b>	PLOT 25 DAMAN INDUSTRIAL
<b>CITY-ST-ZIP</b>	DAMAN 396210
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  ANJUM, MOHAMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/02 201 386 1924

Date

Daytime Phone #

CR2E034B (12/01)