

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90179 012 ***150.00

DOCUMENT # P99000050650

1. Entity Name

THE DOLLAR STAR CORPORATION

Principal Place of Business

Mailing Address

~~7121 SW 22ND ST~~
~~REAR~~
~~MIAMI FL 33155~~

~~7121 SW 22ND ST~~
~~REAR~~
~~MIAMI FL 33155-1626~~

2. Principal Place of Business

3. Mailing Address

2839 NW 7ST

2839 NW 7ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL

MIAMI FL

City & State

City & State

Zip **33125**

Country **MIAMI DADE**

Zip **33125**

Country **MIAMI DADE**

4. FEI Number

65-0924949

Applied For

Not Applicable

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

GARCIA, FREDY
~~7121 SW 22ND ST~~
~~REAR~~
~~MIAMI FL 33155~~

Name

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

2839 NW 7ST
MIAMI FL 33125

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GARCIA, FREDY
STREET ADDRESS	7121 SW 22ND ST.
CITY-ST-ZIP	MIAMI FL 33155
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDY GARCIA
STREET ADDRESS	2839 NW 7ST
CITY-ST-ZIP	MIAMI FL 33125
TITLE	SECRETARY / VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA GARCIA
STREET ADDRESS	2839 NW 7ST
CITY-ST-ZIP	MIAMI FL 33125
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 **FREDY E. GARCIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/2000 (205) 688 6611
 Date Daytime Phone #

CR2E034 (9/99)