

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050739

1. Entity Name

ALLSTAR SYSTEMS & SERVICE, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

02-29-2000 90163 010 ***150.00

09-12-2000 90005 019 ***550.00

Principal Place of Business

1080 S. MILITARY TRAIL
 SUITE 202
 DEERFIELD BEACH FL 33442

Mailing Address

1080 S. MILITARY TRAIL
 SUITE 202
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

6499 NW 9th Ave

3. Mailing Address

P.O. Box 8512

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33309

Country

USA

Zip

33442

Country

Broward

4. FEI Number

65-0924931

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLINE, ROBERT
 1761 WEST HILLSBORO BLVD.
 SUITE 202
 DEERFIELD BEACH FL 33442

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: President
 NAME: Robert Belline
 STREET ADDRESS: P.O. Box 8512
 CITY-ST-ZIP: Deerfield Beach FL 33442

TITLE:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 CITY-ST-ZIP:

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Belline

Date

09-01-00

Daytime Phone #

954 521-4032