

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90062 017 ***150.00

DOCUMENT # P99000057783

1. Entity Name

ACTION STAR TEMPS, INC.

Principal Place of Business

965 WEST COMMERCIAL BOULEVARD
FORT LAUDERDALE FL

Mailing Address

965 WEST COMMERCIAL BOULEVARD
FORT LAUDERDALE FL 33309-3836

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

Zip
33309

Country

U.S.A.

City & State

FT. Lauderdale, FL

Zip
33309

Country

U.S.A.

4. FEI Number

65-0937722

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

SCHWARTZ, ROBERT
9999 COLLINS AVENUE, #17B
BAL HARBOUR FL 33154

Name

Robert Schwartz

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

9999 Collins Ave #17B

City

Bal Harbour

FL

Zip Code

33154

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	Robert Schwartz	9999 Collins Ave.	Bal Harbour, FL 33154	<input type="checkbox"/>
VICE PRESIDENT	Marilyn Appel	724 Whittier Ave	REVERE, MA 02151	<input type="checkbox"/>
CLERK	Marilyn Weiner	3 COTTON ST	NEWTON, MA 02458	<input type="checkbox"/>
TREASURER	Claude Levy	58 Cedar Falls Rd.	BALMONT, MA 02178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Schwartz Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 954-772-2221

CR2E034 (9/99)