

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108665

1. Entity Name

PRO-STAR SUPPLY COMPANY

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90066 034 ***150.00

Principal Place of Business

2641 N.W. 55TH COURT
FORT LAUDERDALE FL 33309

Mailing Address

2641 N.W. 55TH COURT
FORT LAUDERDALE FL 33309

2. Principal Place of Business

P.O. Box 267756

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 267756

Suite, Apt. #, etc.

City & State

WESTON FL.

City & State

WESTON, FL.

4. FEI Number

65-0968886

Applied For

Not Applicable

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRES, RONALD R
15327 N.W. 60TH AVE., SUITE 215
MIAMI LAKES FL 33014

SAME

7. Name and Address of New Registered Agent

Name

RONALD R. TORRES, ESQ.

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

15327 NW 60th Ave

SUITE 215

City

MIAMI LAKES, FL.

FL

Zip Code

33014

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, 2001 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 P
NAME CENTERA, JOHN
STREET ADDRESS 2641 N.W. 55TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME JOHN CENTERA
STREET ADDRESS 1118 HICKORY WAY
CITY-ST-ZIP WESTON, FL 33327

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

4/12/01 954 396-3121
Date Daytime Phone #

CR2E034 (10/00)