

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90206 041 ***150.00

DOCUMENT # P99000108665

1. Entity Name
PRO-STAR SUPPLY COMPANY

Principal Place of Business

**P.O. BOX 267756
WESTON FL 33326**

Mailing Address

**P.O. BOX 267756
WESTON FL 33326**

80079910



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**62 INDIAN TRACE RD. #61
Suite, Apt. #, etc.**

3. Mailing Address

**62 INDIAN TRACE RD. #61
Suite, Apt. #, etc.**

City & State

WESTON, FL.

City & State

WESTON, FL.

4. FEI Number

65-0968886

Applied For

☐ Not Applicable

Zip

33326

Country

FLORIDA

Zip

33326

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, RONALD R
15327 N.W. 80TH AVE., SUITE 215
MIAMI LAKES FL 33014**

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. I elect to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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** ☐ Delete
NAME **CENTERA, JOHN**
STREET ADDRESS **1118 HICKORY WAY**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CENTERA, PRESIDENT 4/15/02 954-415-9603

Date

Daytime Phone #

CR2E034 (9/01)