

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22858

1. Entity Name

ASTRO CONDO SERVICES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90075 037 ***150.00

Principal Place of Business

7301 N.W. 41ST STREET
MIAMI FL 33166-6713

Mailing Address

7301 N.W. 41ST STREET
MIAMI FL 33166-6743

2. Principal Place of Business

2100 W 76 STREET

3. Mailing Address

2100 W 76 STREET

Suite, Apt. #, etc.

SUITE 413

Suite, Apt. #, etc.

SUITE 413

City & State

HALEAH, FL

City & State

HALEAH, FL

Zip

33016

Country

U.S.A.

Zip

33016

Country

U.S.A.

4. FEI Number

65-0281490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REY, LOUIS A., SR
7301 N.W. 41ST STREET
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

LOUIS A. REY SR

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

2100 W 76 STREET

SUITE 413

City

HALEAH, FL

FL

Zip Code 33016

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	D	<input type="checkbox"/> Delete
NAME	REY, LOUIS A., SR	
STREET ADDRESS	5800 SW 127 AVE S2108	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SABLON, RICARDO	
STREET ADDRESS	7301 N.W. 21ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REY, LOUIS A., JR	
STREET ADDRESS	7301 N.W. 41ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELASCO, LUCIA	
STREET ADDRESS	6524 KENDALE LAKE DR #1504	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REY, LOUIS A. JR	
STREET ADDRESS	2100 W 76 ST-SUITE 413	
CITY-ST-ZIP	HALEAH, FL 33016	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000 (205) 818-0810
Date Daytime Phone #

CR2E034 (9/99)