

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO1000009165**
 1. Entity Name
~~WONDERLAND AMERICAN, L.L.C.~~ *N/C Filed 6/10/02*
New Star America, LLC

FILED

02 JUL -8 PM 12:04

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 3550 BISCAYNE BLVD. 318 NW 23 St. 3550 BISCAYNE BLVD. 318 NW 23 St.
 SUITE 203 MIAMI, FL, 33127 SUITE 203 MIAMI, FL, 33127
 MIAMI FL 33137 MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
318 NW 23 Street **318 NW 23 Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida **Miami, Florida**
 Zip Country Zip Country
33126 USA **33126 USA**

4. FEI Number Applied For
65 1111 098 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GUZMAN, MARIO I
 9010 SOUTHWEST 137TH AVE.
 SUITE 206
 MIAMI FL 33186

7. Name and Address of New Registered Agent
 Name **JOSEPH M. FILLON CPA PA**
 Street Address (P.O. Box Number is Not Acceptable)
100 N. BISCAYNE BLVD SUITE 700
 City **MIAMI** FL Zip Code **33132**

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]* **JOSEPH M. FILLON** DATE **1/14/02**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNINIO BOTTA, ERNESTO <input type="checkbox"/> Delete 1756 NORTH BAYSHORE DRIVE APT. #70 MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOTTA, FRANCISCO ALBE <input type="checkbox"/> Delete 1756 NORTH BAYSHORE DRIVE APT. #70 MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIOLA, PATRICIA MONIC <input type="checkbox"/> Delete 1756 NORTH BAYSHORE DRIVE APT. #70 MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	502108900364 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
 SIGNATURE: *[Signature]* **03-27-02** **305-576-6111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)