

2003 ANNUAL LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/18/2003-90155-028-\$50.00-\$50.00

032024

DOCUMENT # L02000020241

1. Entity Name

TETRA STAR, LLC


 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 NOV -7 PM 2:08

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 16105 N.E. 18TH AVENUE NORTH MIAMI BEACH FL 33162		Mailing Address 16105 N.E. 18TH AVENUE NORTH MIAMI BEACH FL 33162	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1855184		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RONES, VICTOR K 16105 N.E. 18TH AVENUE NORTH MIAMI BEACH FL 33162		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when releasing)			

 FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER / Mr. M. N. MAXIM SZARF 21205 NE 37 AVE #3107 Aventura, FL - 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 REINSTATEMENT 2003
 Oct 11/21

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X [Signature] MAXIM SZARF

03/11/03

3059352958

SIGNATURE AND TYPE PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

OFFICE PHONE

CR2083 (10/02)