

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003370

1. Entity Name

REGAL STAR, L.L.C.

Principal Place of Business

3191 CORAL WAY
SUITE 300
MIAMI FL 33145

Mailing Address

3191 CORAL WAY
SUITE 300
MIAMI FL 33145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0997653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUSER, JAMES A ESQ.
3191 CORAL WAY
SUITE 300
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

JOHN FORTE

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

3191 CORAL WAY

SUITE 300

City

Miami

FL

Zip Code

33145

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)

4/11/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004065172--9
-04/24/01--01109--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME FORTE, JOHN
STREET ADDRESS 3191 CORAL WAY
CITY-ST-ZIP MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN FORTE

4/11/01 (305) 4455511
Date Daytime Phone #

APPROVED
AND
FILED

01 APR 16 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)