

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014225

1. Entity Name

AEROSTAR TECHNOLOGIES, LLC

Principal Place of Business

3301 NW 22ND TERR
F/700
POMPANO BEACH FL 33069

Mailing Address

3301 NW 22ND TERR
F/700
POMPANO BEACH FL 33069

2. Principal Place of Business

4349 SW Port Way

Suite, Apt. #, etc.

3. Mailing Address

4349 SW Port Way

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Palm City, FL

Zip

34990

Country

US

Zip

34990

Country

US

4. FEI Number

05-1019199

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SYSTEMS, INC.
SUN TRUST INTERNATIONAL CENTER
ONE SE THIRD AVE 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

BRECHBILL, MARK E CPA

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

506 S. FEDERAL HIGHWAY

SUITE 202

City

STUART

FL

Zip Code

34994

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

MARK BRECHBILL, CPA

(NOT) Registered Agent signature required when reinstating

4/24/01

DATE

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

500004334745--4
-05/30/01--01089--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	ANSON CAPITAL, LLC
CITY-ST-ZIP	4349 SW PORT WAY PALM CITY, FL 34990
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	BICKEL, JAMES B.
CITY-ST-ZIP	13078 COASTAL CIRCLE PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	BICKEL, MATTHEW M.
CITY-ST-ZIP	13096 COASTAL CIRCLE PALM BEACH GARDENS, FL 33410
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	

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:

ANSON CAPITAL, LLC
MATTHEW BICKEL, MGR: SEC

4/25/01

(561) 219-4600

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

Date

Daytime Phone #

CR2E083 (11/00)