

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90201 050 ****50.00

DOCUMENT # L00000015065

1. Entity Name
STARFORD HOLDINGS, LC

Principal Place of Business
145 MADEIRA AVE.
SUITE 310
CORAL GABLES FL 33134

Mailing Address
145 MADEIRA AVE.
SUITE 310
CORAL GABLES FL 33134

2. Principal Place of Business
1300 Brickell Ave.
 Suite, Apt. #, etc.

3. Mailing Address
1300 Brickell Ave
 Suite, Apt. #, etc.

City & State
Miami FL
 Zip
33131
 Country

City & State
Miami FL
 Zip
33131
 Country

4. FEI Number **65-1061774** Applied For
 Not Applicable

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

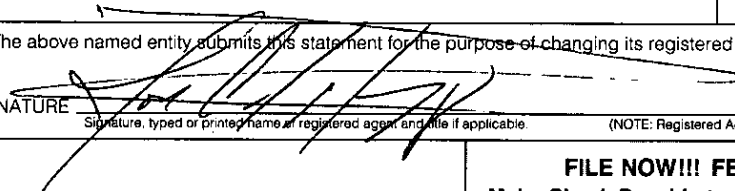
6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL L
145 MADEIRA AVE.
SUITE 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Jose A. Rodriguez**
 Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 1270
 City **Coral Gables** **FL** Zip Code **33134**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/02**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
 NAME **STARFORD FLORIDA PROPERTIES, LC**
 STREET ADDRESS **145 MADEIRA AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **MGRM** ☐ Delete
 NAME **STARFORD DEVELOPMENT CORP.**
 STREET ADDRESS **145 MADEIRA AVE.**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **Starford Development Corp.**
 STREET ADDRESS **1300 Brickell Ave.**
 CITY-ST-ZIP **Miami, FL 33134**

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

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

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

TITLE ☐ Change ☐ 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:


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

DATE **4/29/02**

Daytime Phone #

CR2E083 (9/01)