

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90156 041 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LQ1000000038

1. Entity Name

1322 FIRST STAR, LLC

Principal Place of Business

1322 S.W. 7TH ST.
MIAMI FL 33136

Mailing Address

C/O CARMEN A. ESTRELLA
15320 S.W. 56TH TERRACE
MIAMI FL 33193

2. Principal Place of Business

12906 NE 6th Avenue

3. Mailing Address

90 Carmen A. Estrella

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Beloff + Schwartz

City & State

North Miami, FL

City & State

1111 Lincoln Road #400

Zip

33161

Country

USA

Zip

33139

Country

Dade

4. FEI Number

91-2096856

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTRELLA, CARMEN A
15320 S.W. 56TH TERRACE
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name Carmen A. Estrella

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

Beloff + Schwartz

1111 Lincoln Road #400

City Miami Beach

FL

Zip Code

33139

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

Carmen A. Estrella

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-02-02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Managing Member ☐ Delete
 NAME Carmen A. Estrella
 STREET ADDRESS 1111 Lincoln Road, #400
 CITY-ST-ZIP Miami Beach, Florida 33139

TITLE Member ☐ Delete
 NAME Juan R. Estrella
 STREET ADDRESS 1111 Lincoln Road, #400
 CITY-ST-ZIP Miami Beach, Florida 33139

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 ☐ 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

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:

Carmen A. Estrella

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

Date

Daytime Phone #

4-02-02 305-673-1101

CR2E083 (9/01)