

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-26-2002 90012 048 ****50.00

FROM ERICSSON

(MON) 03. 18 '02 0

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010126			
1. Entity Name NORTHSTAR ENTERPRISES, LLC			
Principal Place of Business 18934 RED CORAL WAY BOCA RATON FL 33498		Mailing Address 18934 RED CORAL WAY BOCA RATON FL 33498	
2. Principal Place of Business		2. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1118927			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent YARAHUAN, PEDRO 18934 RED CORAL WAY BOCA RATON FL 33498		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Manager Pedro Yarahuan 18934 Red Coral Way Boca Raton, FL 33498</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____		Date: 2/12/02 (561)306-3526	
SIGNATURE REQUIRED			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

CR2E08 (8/01)