

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90060 032 ****50.00

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**

20020068



2. Principal Place of Business
6701 Belcamp Dr

3. Mailing Address
P.O. Box 863836

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Plano, Texas

City & State
Plano, Texas

4. FEI Number **65-1118927** Applied For
Not Applicable

Zip **75023** Country **USA** Zip **75086-3836** Country **USA**

5. Certificate of Status Desired **\$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 **Patricia Covy, CPA**
Street Address (P.O. Box Number is Not Acceptable) **3230 West Commercial Blvd**
Suite 150
City **Fort Lauderdale** **FL** Zip Code **33309**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YARAHUAN, PEDRO 18934 RED CORAL WAY BOCA RATON FL 33498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** Date **Jan 14, 2003** Daytime Phone # **972-517-7462**

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

CR2E083 (10/02)