

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90011 032 \*\*\*\*50.00

**DOCUMENT # L01000017141**



1. Entity Name  
**9308 HOLDINGS, L.L.C.**

Principal Place of Business  
**C/O RICHARD J. ALAN CAHAN, ESQ.  
5201 BLUE LAGOON DR., STE. 100  
MIAMI FL 33126**

Mailing Address  
**C/O RICHARD J. ALAN CAHAN, ESQ.  
5201 BLUE LAGOON DR., STE. 100  
MIAMI FL 33126**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1136884**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALAN CAHAN, RICHARD J. ESQ.  
BECKER & POLIAKOFF, P.A.  
5201 BLUE LAGOON DR., STE. 100  
MIAMI FL 33126-2065**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	MGR	<input type="checkbox"/> Delete
NAME	PLAISIER, PETER	
STREET ADDRESS	3342 BB HENDRIK-IDO-AMBACHT DORPSSTRAAT 53	
CITY-ST-ZIP	THE NETHERLANDS	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	PLAISIER, PETER	
STREET ADDRESS	3342 BB HENDRIK-IDO-AMBACHT ARCHTERAMBACHT	
CITY-ST-ZIP	THE NETHERLANDS	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOL, R.W.	
STREET ADDRESS	3342 BB HENDRIK-IDO-ARCHTERAMBACHT	
CITY-ST-ZIP	THE NETHERLANDS	
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: **Feb. 05, 2003** **+1131 78** **6845444**

CR2E083 (10/02)