

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90211 009 ****50.00

DOCUMENT # L01000018054

1. Entity Name

GOLDSTAR INVESTMENTS LLC



Principal Place of Business

**298 NW 7TH CT.
BOCA RATON FL 33486**

Mailing Address

**298 NW 7TH CT.
BOCA RATON FL 33486**

20011043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

600 NW 9th COURT

Suite, Apt. #, etc.

600 NW 9th COURT

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

Zip

33486

Country

4. FEI Number

91-2169206

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIXON, PAMELA
110 ATLANTIC AVE. SUITE 250
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

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

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

(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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MCCONNELL, GLORIA
298 NW 7TH COURT
BOCA RATON FL 33486**

☐ Delete

600 NW 9th Ct.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Gloria McConnell

1/9/03

561-750-8880

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

Date

Daytime Phone #

CR2E083 (10/02)