

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90042 011 *****50.00

DOCUMENT # L02000014812

1. Entity Name

FIRST VENTURE LLC



Principal Place of Business

**18160-B COLLINS AVENUE
SUNNY ISLES FL 33160**

Mailing Address

**18160-B COLLINS AVENUE
SUNNY ISLES FL 33160**

20020440



2. Principal Place of Business

18160 Collins Avenue

3. Mailing Address

18160 Collins Avenue

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Sunny Isles, FL

City & State

Sunny Isles, FL

Zip

Country

33160

Zip

Country

33160

4. FEI Number

02-0637790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOYKHMAN, EDWARD

**1081 HARBOR COURT
HOLLYWOOD FL 33019**

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 **MGRM** ☐ Delete
NAME **NEW STAR UNITED, INC.**
STREET ADDRESS **18160-B COLLINS AVENUE**
CITY-ST-ZIP **SUNNY ISLES FL 33019**

TITLE ☒ Change ☐ Addition
NAME **18160 Collins Avenue Suite #2**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Edward J Goykhman

01-27-03

305-692-5220

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

Date

Daytime Phone #

CR2E083 (10/02)