

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**

04 APR 20 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000022833**

1. Entity Name

INFOSTAR L.L.C.



Principal Place of Business

1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801

Mailing Address

1220 NORTH MARKET STREET, SUITE 606  
WILMINGTON DE 19801

03



☐ 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

Not applicable

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

FLORIDA FILING & SEARCH SERVICES, INC.  
1333 DUVAL STREET  
TALLAHASSEE FL 32303

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/04

**FILE NOW!!! FEE IS \$60.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
MGRM  
EURO-AMX EXCHANGE, INC.  
STREET ADDRESS CUBA AVE & 34TH ST., EAST BLDG. 34/20, #302  
CITY-ST-ZIP PANAMA CITY 5, PANAMA

TITLE NAME ☐ Delete  
MGRM  
SATURN INVESTMENT GROUP, S.A.  
STREET ADDRESS CUBA AVE & 34TH ST., EAST BLDG. 34/20, #302  
CITY-ST-ZIP PANAMA CITY 5, PANAMA

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS *[Signature]*  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300033222799  
CITY-ST-ZIP

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*[Signature]*

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

Date

4/19/04 802-421-5752

Daytime Phone #

**L02000022833**

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

DATE: 4-20-04

NAME: INFOSTAR, LLC

TYPE OF FILING: 2004/REINSTATEMENT

COST: \$~~100~~ 200

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE PAUL HODGE

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

LLC

