

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 032 *****50.00

DOCUMENT # L02000032400

1. Entity Name

CLUSTER ENTERPRISES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 N. OCEAN BLVD.

Suite, Apt. #, etc.

#304W

3. Mailing Address

2121 N. OCEAN BLVD.

Suite, Apt. #, etc.

#304W

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

13-4232879

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JEROME GINSBERG

Street Address (P.O. Box Number is Not Acceptable)

2121 N. OCEAN BLVD.

#304W

City

BOCA RATON,

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

JEROME GINSBERG - *[Signature]*

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

4/26/03
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
JEROME GINSBERG
2121 N. OCEAN BLVD, #304W
BOCA RATON, FL. 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
ALAN FRIEDMAN
4775 COLLINS AVE, #1802
MIAMI BEACH, FL. 33142

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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] - JEROME GINSBERG - 4/20/03 - 391-5359

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

Date

Daytime Phone #

CR2E083B (12/02)