

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L93000000 443**

1. Entity Name

Five Star Holdings, L.C.

FILED

01 APR -4 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1401 Brickell Ave
Suite 530
Miami, FL 33131**

Mailing Address

**1401 Brickell Ave
Suite 530
Miami, FL 33131**

2. Principal Place of Business

**120 S. University Dr.
Suite, Apt. #, etc.
Suite C**

3. Mailing Address

**120 S. University Dr.
Suite, Apt. #, etc.
Suite C**

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0504098

Applied For

Not Applicable

Zip

33324

Country

Zip

33324

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Marco, Gerald A.
1401 Brickell Ave
Suite 530
Miami, FL 33131**

7. Name and Address of New Registered Agent

Name **MARVIN FEINSTEIN**
Street Address (P.O. Box Number is Not Acceptable) **120 S. UNIVERSITY DRIVE
Suite C**
City **Plantation** FL Zip Code **33324**

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.

SIGNATURE

[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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	M Marco, Gerald A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1401 Brickell Ave	
CITY-ST-ZIP	Suite 530 Miami, FL 33131	
TITLE NAME	M Cumming, Paul	<input type="checkbox"/> Delete
STREET ADDRESS	1428 Brickell Ave #400	
CITY-ST-ZIP	Miami, FL 33131	
TITLE NAME	M Volisky, George	<input type="checkbox"/> Delete
STREET ADDRESS	1401 Brickell Ave #400	
CITY-ST-ZIP	Miami, FL 33131	
TITLE NAME	M Jacobs, Eric	<input type="checkbox"/> Delete
STREET ADDRESS	13594 SW 58th Ave	
CITY-ST-ZIP	Miami, FL 33156	
TITLE NAME	M Feinstein, Marvin	<input type="checkbox"/> Delete
STREET ADDRESS	120 S. University Dr	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	M Marco, Lisa	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2795 Addicks Rd	
CITY-ST-ZIP	Weston, FL 33331	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **MARVIN FEINSTEIN** 3/31/01 954 476-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #