

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000346

1. Entity Name
DOTSTAR COMMUNICATIONS L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -2 PH 4: 20

Principal Place of Business
6706 NORTH NINTH AVENUE
SUITE C-6
PENSACOLA FL 32504

Mailing Address
6706 NORTH NINTH AVENUE
SUITE C-6
PENSACOLA FL 32504-7379



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3438380

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

7. Name and Address of New Registered Agent

CRONGEYER, JAMES J
700 BLOUNT BLDG
3 WEST GARDEN STREET
PENSACOLA FL 33501

Name HUSTON, GARY
Street Address (P.O. Box Number is Not Acceptable)
125 W. ROMANA, STE 800
City PENSACOLA FL Zip Code 32501

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 *Gary W. Huston*
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

10. ADDITIONS/CHANGES

TITLE NAME MGRM BLANCHE, NATHAN MR ☐ Delete
STREET ADDRESS RUA ESTADOS UNIDOS, 498
CITY-ST-ZIP SAN PAULO SP BRASIL 01427-000

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003123131--8
CITY-ST-ZIP -02/03/00--01098--014
*****55.00 ☐ Change ☐ Addition

TITLE NAME MGRM ANDRADE, FLAVIO ☐ Delete
STREET ADDRESS 6706 NORTH NINTH AVENUE
CITY-ST-ZIP PENSACOLA FL 32504

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM CARVALHO, MARCO ☐ Change ☒ Addition
STREET ADDRESS 6706 N 9TH AVE STE C-6
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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:

FLAVIO ANDRADE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/28/00 850-494-2150
Date Daytime Phone #