

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000726**

1. Entity Name

FIRST STAR HOLDINGS, L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 23 AM 8:55

Principal Place of Business

757 SOUTHEAST 17TH STREET, #340
FT. LAUDERDALE FL 33316

Mailing Address

757 SOUTHEAST 17TH STREET, #340
FT. LAUDERDALE FL 33316-2960



2. Principal Place of Business

1164 E. Oakland Park Blvd.

3. Mailing Address

1164 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

#100

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

65-08479166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R
507 S.E. 11TH COURT
FT. LAUDERDALE FL 33316

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.

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

2/3/16/00

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME BLOCKER, MARK
STREET ADDRESS 757 SOUTHEAST 17TH STREET, #340
CITY- ST- ZIP FT. LAUDERDALE FL 33316 ☐ Delete

TITLE MGRM
NAME BLOCK, DAVID
STREET ADDRESS 757 SOUTHEAST 17TH STREET, #340
CITY- ST- ZIP FT. LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
8000003178378--2
-03/21/00--01102--024
*****50.00 *****50.00

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)