

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90010 016 ****50.00

DOCUMENT # L98000000726

1. Entity Name

FIRST STAR HOLDINGS, L.C.

Principal Place of Business

1164 E. OAKLAND PARK BLVD., #100
 FT. LAUDERDALE FL 33334

Mailing Address

1164 E. OAKLAND PARK BLVD., #100
 FT. LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City, State

City, State

Zip

Zip

Country

4. FEI Number 65-0847966

Applied For

Not Applicable

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

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

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, 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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

Date

Daytime Phone

CR2E083 (4/02)