

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003140

1. Entity Name
J.J. STARFIND, L.L.C.

Principal Place of Business
C/O LEO & GLORIA MARTIN
BRISTOL TOWER, 2127 BRICKELL AVE., PH 3602
MIAMI FL 33133

Mailing Address
C/O LEO & GLORIA MARTIN
BRISTOL TOWER, 2127 BRICKELL AVE., PH 3602
MIAMI FL 33133

APPROVED
AND
FILED

01 APR 27 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0891203

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

M & W AGENTS, INC.
2101 CORPORATE BLVD., SUITE 107
BOCA RATON FL 33431

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MARTIN, LEO
STREET ADDRESS 2127 BRICKELL AVENUE, PENTHOUSE 3602
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME 700004211757--5
STREET ADDRESS -05/11/01--01078--007
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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

4/25/2001

Date

Daytime Phone #

0032260 SP

CR2E083 (11/00)