

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000232

1. Entity Name

ESTRELLAMUNDO, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 10:02

Principal Place of Business

123 N.W. 13TH STREET, SUITE 304-A
BOCA RATON FL 33432

Mailing Address

123 N.W. 13TH STREET, SUITE 304-A
BOCA RATON FL 33432-1641

2. Principal Place of Business

4441 COLLINS AVE

3. Mailing Address

4441 COLLINS AVE

Suite, Apt. #, etc.

C/O CLUB TROPICAL

Suite, Apt. #, etc.

C/O CLUB TROPICAL

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

65-0921642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR., STE 600
MIAMI FL 33133

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME KLEIN, DAVID
STREET ADDRESS 123 N.W. 13TH STREET, SUITE 304-8
CITY-ST-ZIP BOCA RATON FL 33432

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003384484--2
-09/06/00--01114--001
*****50.00 *****50.00

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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:

Sign Here

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

Date

Daytime Phone #

CR2E083 (9/99)