

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000001566**

1. Entity Name

AMERICAN STAR ENTERPRISES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP - 8 AM 10: 02

Principal Place of Business

Mailing Address

~~2601 EAST HENRY AVE.~~

311 NORTH NEWPORT AVENUE

~~TAMPA FL 33610~~

SUITE 100

311 N. NEWPORT AVE

TAMPA FL 33606-1323

~~SUITE 100~~

TAMPA, FL 33606-1323

2. Principal Place of Business

3. Mailing Address

311 NORTH NEWPORT AVE.

Suite, Apt. #, etc.

SUITE 100

City & State

TAMPA, FL

Zip

33606-1323

Country

USA

Zip

Country

4. FEI Number

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

7. Name and Address of New Registered Agent

FRAZIER, S. KATHERINE

101 E. KENNEDY BLVD., SUITE 3700

TAMPA FL 33601

Name

JACK S. HAMILTON, JR.

Street Address (P.O. Box Number is Not Acceptable)

311 NORTH NEWPORT AVE

SUITE 100

City

TAMPA,

FL

Zip Code

33606-1323

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

JACK S. HAMILTON, JR.

7/10/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM HAMILTON, JACK S JR**
STREET ADDRESS **638 GENEVA PLACE**
CITY-ST-ZIP **TAMPA FL 33606**

Change Addition
NAME **500003391245--7**
STREET ADDRESS **-09/13/00--01042--019**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
NAME **MGRM IRANMANESH, MOHMMAD A**
STREET ADDRESS **9311 HAMPSHIRE PARK DR.**
CITY-ST-ZIP **TAMPA FL 33647**

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
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Change Addition
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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 OR MANAGER

Date

Daytime Phone #

JACK S. HAMILTON, JR.

7/10/2000 813-250-3535

CR2E083 (5/00)