2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -2 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000221[illegible] A

DOCUMENT # L99000003185

1. Entity Name
BLACKSTAR CONSULTING, L.L.C.

Principal Place of Business
10619 WEST ATLANTIC BLVD., SUITE 104
CORAL SPRINGS FL 33701

Mailing Address
10619 WEST ATLANTIC BLVD., SUITE 104
CORAL SPRINGS FL 33071-5610

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3585034 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAGAROLO, NICOLA L ESQ.
1600 SOUTH DIXIE HIGHWAY, SUITE 5-C
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name: Nicola L. ZAGAROLO, Esq.
Street Address (P.O. Box Number is Not Acceptable): 1600 South Dixie Hwy Suite 501
City: BOCA RATON FL Zip Code: 33432

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: Nicola L. Zagarolo, Esq. Nicola L. ZAGAROLO 4/12/00
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	MGRM
NAME	BATTOO, NIKOLAI
STREET ADDRESS	10619 WEST ATLANTIC BLVD., SUITE 118
CITY-ST-ZIP	CORAL SPRINGS FL 33701

☐ Delete

10. ADDITIONS / CHANGES

TITLE	MANAGING Member
NAME	Dream Link Enterprises INC
STREET ADDRESS	10619 W. ATLANTIC Blvd, PMB 104
CITY-ST-ZIP	Coral Springs, Fl. 33701

☒ Change ☐ Addition

300003260173--1
-05/19/00--01116--003
*****50.00 *****50.00

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 BATTOO 4/12/00 (954) 796-4269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)