2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000322000 A

DOCUMENT # L99000003185

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

Principal Place of Business	Mailing Address
10619 WEST ATLANTIC BLVD.; SUITE 104 CORAL SPRINGS FL 33701	10619 WEST ATLANTIC BLVD.. SUITE 104 CORAL SPRINGS FL 33071-5610

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 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 4/17/00
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			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BATTOO, NIKOLAI 10619 WEST ATLANTIC BLVD., SUITE 118 CORAL SPRINGS FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Dream Link Enterprises INC 10619 W. Atlantic Blvd, PMB 104 Coral Springs, Fl. 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300032601 73--1 -05/19/00--01116--003 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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 REQUIRED 4/17/00 (954) 796-4269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #