

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003185

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

FILED

01 MAY -2 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 33701

2. Principal Place of Business
10619 West Atlantic Blvd
Suite, Apt. #, etc.
Suite 104
City & State
Coral Springs
Zip
33701
Country
USA

3. Mailing Address
10619 West Atlantic Blvd
Suite, Apt. #, etc.
Suite 104
City & State
Coral Springs
Zip
33701
Country
USA

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 501
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
NICOLA L. ZAGAROLO
Street Address (P.O. Box Number is Not Acceptable)
3800 N.E. 3rd Ave
City
Pompano Beach
FL
Zip Code
33064

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. Zagaro* NICOLA L. ZAGAROLO 4/21/01
Signature, typed or printed name of registered agent and date if applicable. (NOT) Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200004316342--5
-05/25/01--01017--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	DREAM LINK ENTERPRISES, INC.	
STREET ADDRESS	10619 WEST ATLANTIC BLVD., SUITE 118	
CITY-ST-ZIP	CORAL SPRINGS FL 33701	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	CHRISTINA BOBB	
STREET ADDRESS	10619 West Atlantic Blvd, Suite 118	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREAMLINK Enterprises Trust	
STREET ADDRESS	C/O Sterling ACS, Ltd	
CITY-ST-ZIP	BEAUMONT HOUSE Bay ST, P.O. Box N-8680 NASSAU, Bahamas	
TITLE	Nikolai Battos MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	10619 West Atlantic Blvd	
CITY-ST-ZIP	Suite 104 Coral Springs FL. 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nikolai Battos* NIKOLAI BATTOSEQUI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/27/01 Daytime Phone #

CR2E083 (11/00)