

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005481

1. Entity Name
STAR MEDICAL DISTRIBUTORS, L.L.C.

Principal Place of Business
~~1800 N. COMMERCE PARKWAY #2~~
~~WESTON FL 33326~~

Mailing Address
~~1800 N. COMMERCE PARKWAY #2~~
~~WESTON FL 33326~~

2. Principal Place of Business
2551 SW 39th Street
Suite, Apt. #, etc.
#190

3. Mailing Address
3265 Meridian Parkway
Suite, Apt. #, etc.
#114

City & State
Hollywood FL
Zip
33312

City & State
WESTON FL
Zip
33331

FILED
01 MAR 26 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0953883

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~MUSSMAN, JAY D~~
~~5881 N.W. 151 STREET #101~~
~~MIAMI LAKES FL 33014~~

7. Name and Address of New Registered Agent

Name JAY D. MUSSMAN
Street Address (P.O. Box Number is Not Acceptable)
3265 Meridian Parkway #114
City WESTON FL Zip Code 33331

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 JAY D. MUSSMAN DATE 3-20-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME KUSHER, ROBERT ☐ Delete
STREET ADDRESS ~~1800 N. COMMERCE PARKWAY #2~~
CITY-ST-ZIP ~~WESTON FL 33326~~

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 3265 Meridian Parkway #114
CITY-ST-ZIP WESTON FL 33331

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 4000039321904
CITY-ST-ZIP -03/30/01--01095--032
*****50.00 *****50.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: Robert KUSHER DATE 3-20-01 DAYTIME PHONE # 954-659-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE