## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0200001392

1. Entity Name

FIRST STREET GLOBAL PARTNERS, L.L.C.



## **FILED** Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90315 016 \*\*\*\*50.00

Principal Pl	ace of Business	Mailing Address	<u>.</u>		-				
33 NORTH GARDEN AVE. SUITE 770 CLEARWATER FL 33755		<del>-</del>	33 NORTH GARDEN AVE. SUITE 770 CLEARWATER FL 33755			20012302			
		CLEARWATER FL 33755				-001×30K			
2. Principa	Place of Business	3. Mailing Address	<del></del>						
		4. Walling Address	o. Maining , tagloss				10111 60111 <b>1</b> 6	HOL CHOOL HAND	# (B)(
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number 04-3493567			$\neg \Box$	Applied For
Zip	Country	Zip	Country	,	5. Certificate of	f Status Desired		\$5.00 A	Not Applicab
	6. Name and Address of Curr	rent Registered Agent	gistered Agent		7Name and Address of New Registered Ag			Fee Required	
\//				Name	1. Name and A	ouress of New Ne	gistered A	gent	<del></del>
33	nna, manuel f North Garden ave. Suite 7	70	Street Addr		ss (P.O. Box Number is Not Acceptable)				
CL	EARWATER FL 33755				<u> </u>			<del>-</del> -	
				City			FL	Zip Co	
8. The above	e named entity submits this statementations of registered agent.	nt for the purpose of changing i	its registered of	office or registe	red agent, or both,	in the State of Flori	da. I am fa	 amiliar with	), and accen
SIGNATURE									4 and goodp
	Signature, typed or printed name of registered a	gent and title if applicable. (NC	OTE: Registered Ag	ent signature require	d when reinstating)		DATE		
		FILE	NOW!!! FEI	E IS \$50.00					
		Make Check Payal			nt of State				
		Di	ue By May	1. 2003	on State				
9.	MANAGING MEN	MBERS/MANAGERS	10.	<u> </u>		ADDITIONS		<del></del>	
TITLE	MGR	☐ Delete	TITLE		<del>_</del>	ADDITIONS/C			
NAME	VIANNA, MANUEL F		NAME					Change	Addition
STREET ADDRESS	33 NORTH GARDEN AVE. SU	JITE 770	STREET AL	DORESS					
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-	ZIP					
TITLE	MGR	☐ Delete	TITLE	1		<del>" -</del>	· -	☐ Change	——————————————————————————————————————
NAME	POLLACK, RONALD J		NAME	İ			ı	Glange	Addition Addition
STREET ADDRESS	33 NORTH GARDEN AVE. SU	ITE 770	STREET AD	DDRESS					
CITY-ST-ZIP	CLEARWATER FL 33755		CITY-ST-2	ZIP					
TITLE		_ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·			Change	- Addition
NAME		,	NAME			7 · E		⊐`∧ilanac	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET AD						
			CITY-ST-Z	ZIP					
TITLE		☐ Delete	TITLE				Г	Change	Addition
NAME STREET ADDRESS			NAME				-		LJ MOURIER
CITY-ST-ZIP		•	STREET ADI	1					
TITLE		□ Delete				······································			
IAME		LU Delete	TITLE NAME					Change	☐ Addition
TREET ADDRESS			STREET ADD	ORESS					
CITY-ST-ZIP	_		CITY-ST-Z	1					
ITLE		☐ Delete	TITLE	<del>-  -</del>	<u> </u>				
IAME		Doigle	NAME				Ĺ	Change	Addition
TREET ADDRESS			STREET ADD	PRESS					
ITY-ST-ZIP	· ·		CITY-ST-ZI	l l					

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 G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>727-298-5412</u>