

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000170747

Entity Name: NEWSTAR MANAGEMENT, LLC

Current Principal Place of Business:

550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

Current Mailing Address:

550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134

FEI Number: 47-2237969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ECKSTEIN SCHECHTER, ROSA ESQ,
550 BILTMORE WAY, SUITE 1110
CORAL GABLES, FL 33134 US

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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name STERN, RODOLFO
Address 550 BILTMORE WAY, SUITE 1110
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name ECKSTEIN, BERNARD
Address 550 BILTMORE WAY, SUITE 1110
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name STERN, EDUARDO
Address 550 BILTMORE WAY, SUITE 1110
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name SERVIANSKY, DAVID
Address 550 BILTMORE WAY, SUITE 1110
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name HORWITZ, ROBERTO
Address 550 BILTMORE WAY, SUITE 1110
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name CEPERO, VIRGINIA
Address 550 BILTMORE WAY, SUITE 1110
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name SCHECHTER, ROSA ECKSTEIN
Address 550 BILTMORE WAY, SUITE 1110
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RODOLFO STERN

MANAGER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date