

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90172 023 ****55.00

DOCUMENT # L01000001755

1. Entity Name
STAR AUTO FINANCE, LLC

Principal Place of Business
**1121 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33304**

Mailing Address
**1121 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33304**

2. Principal Place of Business
1137 North Federal Highway
 Suite, Apt. #, etc.

3. Mailing Address
1137 North Federal Highway
 Suite, Apt. #, etc.

City & State
Fort Lauderdale

City & State
Fort Lauderdale

Zip Country
33304 Broward

Zip Country
33304 Broward

4. FEI Number
65-1074581

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERKIN, STEWART A
 444 BRICKELL AVE.
 SUITE 300
 MIAMI FL 33131**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	URI SZAPIRO	9801 COLLINS AVE. APT#14-F	BAL HARBOR FL, 33154		
MGRM	DOV SZAPIRO	5333 COLLINS AVE APT#108.	MIAMI BEACH, FL, 33140		

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: DOV SZAPIRO **02/7/02** **954-615-1911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)