

5/7/2002-90392-03

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO4000012818

1. Entity Name

STANLEY INTERNATIONAL TRADING, LLS

Principal Place of Business

304 EAST LAKE ROAD #200
 PALM BEACH FL 33480

Mailing Address

304 EAST LAKE ROAD #200
 PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificates of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
 501 E. KENNEDY BLVD.
 SUITE 1700
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: **JOHN W. DAVIDSON**
 Street Address (P.O. Box Number is Not Acceptable):
1956 BAYSHORE BLVD.

City: **DUNEDIN**

FL Zip Code
334698

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

[Signature]

FILE NOW!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002

7/1/02

9. MANAGING MEMBERS/MANAGERS

TITLE: **Dr. Pierluigi Corvelli** Delete
 NAME: **Po Box 3008**
 STREET ADDRESS: **CH6901 Lugano Switzerland**
 CITY-STATE-ZIP:

TITLE: **President** Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Delete
 NAME:
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TITLE: Delete
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TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
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TITLE: Change Addition
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 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

OFFICER (PRINT)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 holder of a power empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

8/22/02

SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Chapter Form 6