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2001 UNIFORM BUSINESS REPORT (UBR)

Jun 22, 2001 8:00 am Secretary of State DOCUMENT # M40601 06-22-2001 90002 043 ***550 00 STAR IMPORT & EXPORT, INC. Principal Place of Business Mailing Address % STEVEN H. HAGEN, ESQ. % STEVEN H. HAGEN, ESQ. 701 BRICKELL AVENUE. SUITE 3000 701 BRICKELL AVENUE. SUITE 3000 MIAMI FL 33131 MIAM! FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2730159 Not Applicable Zip Country Zip Country \$8.75 Additional. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 3000** MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PST** TITLE PST ■ Addition CR2E034 (10/00 ☐ Delete LZVY, JEFF NAME LEVY, JEFF NAME 701 BRICKELL AVE., #3000 STREET ADDRESS 19195 MYSTIC POINT DRIVE STREET ADDRESS MIAMI, FLORIDA 33131 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STEVEN H. HAGEN STREET ADDRESS STREET ADDRESS 701 BRICKELL AVENUE, SUITE 3000 CITY-ST-ZIP CITY-ST-ZIP Miami Fl Change ☐ Addition TITLE: □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR