

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 05, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000002545**1. Entity Name
STARLINE ONLINE SHIPPING LLC**Principal Place of Business**3433 NORTHWEST 44TH STREET
UNIT 206
OAKLAND PARK FL
33309**Mailing Address**34 RISDON COURT
ETOBICOKE, ONTARIO
CANADA M9C4E7**2. Principal Place of Business**

1628 N.W. 16 AVE.

3. Mailing Address

1628 NW 16 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL FL

City & State

LAUDERHILL FL

4. FEI Number**65-0988173****Applied For****Not Applicable****Zip**

33311

Country

US

Zip

33311

Country

US

5. Certificate of Status Desired☒**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES

33134

US

FL

7. Name and Address of New Registered Agent**Name**

STAFFORD EARLE

Street Address (P.O. Box Number is Not Acceptable)

1628 NW 16 AVE

City

LAUDERHILL

FL**Zip Code**

33311

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 **STAFFORD EARLE****08/05/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	EARLE SIMONE	
STREET ADDRESS	343 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	EARLE STAFFORD	
STREET ADDRESS	343 ALMERIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EARLE SIMONE		
STREET ADDRESS	1628 NW 38 AVE.		
CITY-ST-ZIP	LAUDERHILL FL 33311		
TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EARLE STAFFORD		
STREET ADDRESS	1628 NW 38 AVE		
CITY-ST-ZIP	LAUDERHILL FL 33311		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Stafford Earle**MGR****08/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)