

Amended

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 SEP 22 PM 2:19

SECRETARY OF STATE
TAMPA, FL 33604-2888
09/22/03--01037--001 **\$5.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L00000002545			
1. Entity Name STARLINE ONLINE SHIPPING LLC			
Principal Place of Business 1314 A N STATE ROAD 7, LAUDERHILL MALL MORTGAGE SUITE LAUDERHILL, FL 33313 US		Mailing Address 1314 A N STATE ROAD 7, LAUDERHILL MALL MORTGAGE SUITE LAUDERHILL, FL 33313 US	
2. Principal Place of Business		3. Mailing Address 4901 UMBRELLA TREE LN.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMARAC FL.	
Zip	Country	Zip	Country
33319	USA	33319	USA
4. FEI Number 65-0988173		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STAFFORD, EARLE 1314 A N. STATE ROAD 7, LAUDERHILL MALL MORTGAGE SUITE LAUDERHILL, FL 33313		Name Street Address (P.O. Box Number is Not Acceptable) 4901 UMBRELLA TREE LN. City TAMARAC FL Zip Code 33319	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE 9/18/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when reinstating)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EARLE, STAFFORD 1314 A N. STATE ROAD 7, LAUDERHILL MALL LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EARLE, STEPHEN 22 RAYSIDE DRIVE ONTARIO, CANADA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE OF MAILING ADDRESS ONLY <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		DATE 9/18/03 Daytime Phone # 9545843848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2E083 (10/02)