

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002435

1. Entity Name  
STAR U.S.A., L.L.C.

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90426 033 \*\*\*\*50.00

Principal Place of Business  
3750 N.E. 169TH STREET  
SUITE 107  
N. MIAMI BEACH FL 33160

Mailing Address  
3750 N.E. 169TH STREET  
SUITE 107  
N. MIAMI BEACH FL 33160

2. Principal Place of Business  
1287 S MISSOURI AVE  
Suite, Apt. #, etc.

3. Mailing Address  
2382 TIMBERCREST CIR. S  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
CLEARWATER, FLORIDA  
Zip  
33756  
Country  
USA

City & State  
CLEARWATER, FL  
Zip  
33763-1622  
Country  
USA

4. FEI Number 62-1081082

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LARRY J. BEHAR, P.A.  
888 SOUTHEAST THIRD AVE.  
SUITE 400  
FT. LAUDERDALE FL 33316

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

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

## 10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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: ADRIAN ZENKER

7/21/2002 727-449-0490

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

CR2E083 (4/02)