

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

DOCUMENT # L01000002682
1. Entity Name
COMTRANS LLC
AMERICAN INCORPORATERS LTD.
1220 NORTH MARKET STREET, SUITE 606, WILMINGTON, DE 19801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1333 N.DUVAL ST.,
Suite, Apt. #, etc.
TALLAHASSEE,

3. Mailing Address
1333 N.DUVAL ST.,
Suite, Apt. #, etc.
TALLAHASSEE,

City & State
FL 32303

City & State
FL 32303

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

FLORIDA FILING & SEARCH SERVICES, INC.

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

1333 N.DUVAL ST.,

City

TALLAHASSEE

FL

Zip Code
FL 32303

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBR
STAR GROUP FINANCE & HOLDINGS, INC.
STE 302, E BLDG NO34/20, CUBA AVE & 34TH ST.
PANAMA CITY 5, PANAMA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MBR
WORLD FUND, INC
STE 302, E BLDG NO34/20, CUBA AVE & 34TH ST.
PANAMA CITY 5, PANAMA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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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:

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

Date

Daytime Phone #

STAN GORIN

03.11.2002

CR2E083B (12/01)