

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90186 019 ****50.00

DOCUMENT # L01000013629

1. Entity Name

~~STERILONE, LLC~~

SHOP IDEAS NETWORKS L.L.C.



Principal Place of Business

1300 COLLINS AVE., STE 504
MIAMI BEACH FL 33139

Mailing Address

1300 COLLINS AVE., STE 504
MIAMI BEACH FL 33139

2. Principal Place of Business

2125 BISCAYNE BLVD

3. Mailing Address

2125 BISCAYNE BLVD

Suite, Apt. #, etc.

580

Suite, Apt. #, etc.

580

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33137

Country

DADE

Zip

33137

Country

DADE

4. FEI Number

65-1134160

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINI, SYLVIO
1300 COLLINS AVE., STE #504
MIAMI BEACH FL 33139

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 28 2003

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	DI FRISINGA, ENRICO M	
STREET ADDRESS	1717 N. BAYSHORE DR., STE 2139	
CITY-ST-ZIP	MIAMI FL	
TITLE	MGR	☐ Delete
NAME	MARTINI, SYLVIO	
STREET ADDRESS	1300 COLLINS AVENUE, STE 504	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

[Signature] **SYLVIO MARTINI**

APRIL 28 2003

305 572 0660

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

Date

Daytime Phone #

CR2E083 (10/02)