

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-12-2002 90596 008 ****50.00

DOCUMENT # L01000017699

1. Entity Name

STAR BOUTIQUE, LLC

Principal Place of Business

1741 SW 129 TERRACE
 HOLLYWOOD FL 33027

Mailing Address

1741 SW 129 TERRACE
 HOLLYWOOD FL 33027

2. Principal Place of Business

3. Mailing Address

5037 S.W. 34th TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33312

USA

4. FEI Number

90-0016223

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOLLANDER, TRACY
 1741 SW 129 TERRACE
 HOLLYWOOD FL 33027

7. Name and Address of New Registered Agent

Name: Robert P. Hollander
 Street Address (P.O. Box Number is Not Acceptable):
 5037 SW 34th Terrace

City: Hollywood

FL

Zip Code

33312

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: Tracy Hollander

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/27/02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLANDER, TRACY 1741 SW 129 TERRACE HOLLYWOOD FL 33027	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLANDER, ROBERT P 1741 SW 129 TERRACE HOLLYWOOD FL 33027	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5037 S.W. 34th Terrace Hollywood, FL 33312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CP2E083 (9/01)

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: Robert P. Hollander 2/27/02 (786) 586-3668

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

Date

Daytime Phone #