

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90092 036 \*\*\*\*\*50.00

**DOCUMENT # L01000017699**

1. Entity Name

**STAR BOUTIQUE, LLC**



Principal Place of Business

**1741 SW 129 TERRACE  
HOLLYWOOD FL 33027**

Mailing Address

**5037 SW 34 TERR  
HOLLYWOOD FL 33312**

2. Principal Place of Business

**3814 Tree Top Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**3814 Tree Top Dr**  
Suite, Apt. #, etc.

City & State

**Weston, FL**

City & State

**Weston, FL**

Zip

**33332**

Country

**USA**

Zip

**33332**

Country

**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, ROBERT P  
5037 SW 34 TERR  
HOLLYWOOD FL 33312**

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

**4/25/03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLANDER, TRACY</b>	
STREET ADDRESS	<b>1741 SW 129 TERRACE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33027</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLANDER, ROBERT P</b>	
STREET ADDRESS	<b>5037 SW 34 TERR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/25/03 (854) 659-8022**

CR2E083 (10/02)