

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90139 012 \*\*\*\*50.00

**DOCUMENT # L01000018379**

1. Entity Name

WORLD COMMERCE SOLUTIONS, LLC



Principal Place of Business

Mailing Address

23415 MIRABELLA CIRCLE SOUTH  
 BOCA RATON FL 33433

23415 MIRABELLA CIRCLE SOUTH  
 BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

3100 S. OCEAN BLVD.

3100 S. OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 714

APT # 714

HIGHLAND BEACH, FL

HIGHLAND BEACH, FL

Zip

Zip

33487

33487

Country

Country

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1154983

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAN CAHAN, RICHARD J ESQ.  
 BECKER & POLIAKOFF, P.A.  
 5201 BLUE LAGOON DR., STE. 100  
 MIAMI FL 33126-2065

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

10. ADDITIONS/CHANGES

TITLE MGR  
 NAME STARR, HONEY B  
 STREET ADDRESS 23415 MIRABELLA CIRCLE SOUTH  
 CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE MGR  
 NAME STARR, HONEY B.  
 STREET ADDRESS 3100 S. OCEAN BLVD. APT # 714  
 CITY-ST-ZIP HIGHLAND BEACH, FL 33487 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

HONEY B. STARR  
 MANAGER

561-542-3685

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

Date

Daytime Phone #

CR2E083 (4/02)