2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L02000002482

1. Entity Name

STARCX BUSINESS ANALYTICS LLC



| FILED |
|----------------------|
| Sep 12, 2003 8:00 am |
| Secretary of State |
| • |

09-12-2003 90063 045 ****50.00

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|--------------------------------|--|---------------------------------------|---------------------------|----------------------|--|---|--------------------|---|--|
| Principal Plac | e of Business | Mailing Address | | | | | | | |
| 14981 SW 20 S MIRAMAR FL 33 | | 14981 SW 20 ST Miramar FL 33027 | | | | | | 14 8 e1 0 2 1 03 1 | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | City & State | | 4. FEI Number Applied For Not Applicable | | | | |
| Zip Country | | Zip . | Zip . Country | | 5. Certificate of Status Desired | | | | |
| | 6. Name and Address of Curre | ent Registered Agent | gistered Agent | | | 7. Name and Address of New Registered Agent | | | |
| | والمساورة والمساورة والمساورة | | Nā | ame | | | | | |
| 1498 | HAIWEI 1 SW,20 ST MAR FL 33027 | | Street Address | | (P.O. Box Number is Not Acceptable) | | | | |
| | •* | | City | | - | FI | Zip Cod | e | |
| | named entity submits this statementions of registered agent. | t for the purpose of changing it | s registered off | fice or registere | ed agent, or both, in the S | | | and accept | |
| SIGNATURE . | | | | | | | · | | |
| | Signature, typed or printed name of registered ag | gent and title if applicable. (NO | TE: Registered Agen | t signature required | when reinstating) | DATE | | | |
| | | | OW!!! FEE | | 1 | | | j | |
| | * | Make Check Payak | | | nt of State | | | } | |
| | | | y September | r 24, 2003 | | | | | |
| 9. | | IBERS/MANAGERS | 10. | | AD | DITIONS/CHANGE | s | | |
| TITLE | MGRM Cui, Haiwei | ☐ Delete | TITLE | | | | Change | Addition | |
| NAME STREET ADDRESS | 14981 SW 20 ST | | NAME STREET ADD | nrees | | | | | |
| CITY-ST-ZIP | MIRAMAR FL 33027 | | CITY-ST-ZIF | | | | | 1 | |
| TITLE | | Delete | TITLE | · | | | ☐ Change | Addition | |
| NAME | | □ Delete | NAME | l | | • | Gridingo | | |
| STREET ADDRESS | | | STREET ADD | RESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIF | Р | | | | | |
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| NAME | | | NAME | | | | | | |
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| NAME | * | | NAME | | | | | | |
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| | | | | ' | | | Channe | | |
| TITLE Name | | ☐ Delete | title Name | * } | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | STREET ADD | RESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIF | J | | | | 1 | |
| 11. I hereby c | certify that the information supplied v | vith this filing does not qualify for | or the exemptio | n stated in Sec | ction 119.07(3)(i), Florida | Statutes, I further ce | ertify that the in | nformation | |

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.

SIGrature reguired

9/9/03

954-850-1413

SIGNATURE: SIGNATURE DIGITAL URL MEGALIFICAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #