2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000029259

1. Entity Name

SUNSTAR OF NORTH AMERICA, LLC



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90020 039 ****55.00

		•		GOO WE THE						
Principal Place of Business 2540 BROOKSTONE DRIVE		Mailing Address 2540 BROOKSTONE	DRIVE	•						
KISSIMMEE F		KISSIMMEE FL 34744			1 4	IERRI DIL RUILD IIDIL DOSII DI		1418 141 18 12081	BAILE FOR INDI	
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			.4. FEI Num	.4. FEI Number Applied For Not Applicab				
Zip Country		Zip	Zip Country		5. Certificat	te of Status Desired		\$5.00 Add	ditional	
	6. Name and Address of Current	t Registered Agent			7. Name ar	d Address of New F	_			
					Name .					
	ALOLOS, EMMANUEL C					(DO D N) C N)				
	40 BROOKSTONE DRIVE		Street Addre		(P.O. Box Numl	per is Not Acceptable	e)	_		
- KIS	SSIMMEE FL 34744	TE CHECK WA			- -					
				City			FL	Zip Cod	е	
8. The above the obligat	named entity submits this statement fions of registered agent.	or the purpose of changin	g its registere	ed office or registe	ered agent, or b	oth, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)		DATE		 _	
		FILE	NOWILL	FEE IS \$50.00		·				
, .		Make Check Pay								
			Due By Ma	-						
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM	Delete	זוזנו	F .		7,001,101,10	70.0.0.0	☐ Change	Addition	
NAME	MALOLOS, EMMANUEL C		NAM							
STREET ADDRESS	2540 BROOKSTONE DRIVE		STRE	ET ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY	-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE	E				Change	Addition	
NAME	COZ, JONATHAN Z		NAM	1			•			
STREET ADDRESS	1414 RAGSDALE LANE			ET ADDRESS						
C!TY-ST-ZiP	KATY TX 77494			-ST-ZIP						
TITLE		☐ Delete	TITLE		•			☐ Change	Addition	
NAME STREET ADDRESS			NAM	ET ADDRESS					•	
CITY-ST-ZIP				-ST-ZIP						
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STREET ADDRESS				ET ADDRESS			 			
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NAME			NAM	1						
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DILLE.		l I Nelete	TITLE	+ I				☐ Change	DOMEDIA I	

11. I hereby certify that the information supplied with this filing lose 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 accordate 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 employeed to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CICMATUDE.

NAME

STREET ADDRESS

CITY-ST-ZIP

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

April 8, 2003 (407)3019966

Daytime Phone #