2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000002460

1. Entity Name

QUEENSWAY COMMERCE LLC

·FILED

01 APR 25 AM 7: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1220 NORTH MARKET STREET. SUITE 606 WILMINGTON DE 19801	1220 NORTH MARKET STREET. SUITE 606 WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **NOT APPLICABLE** Applied For / Not Applicable
Zip	Country	Zip	Country	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
CORPORATE CREATIONS ENTERPRISES INC. 4521 PGA BLVD. #211 PALM BEACH GARDENS FL 33418	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.

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

9. MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES
TITLE **MGR** NAME **STERLING MANAGERS LIMITED** STREET ADDRESS **P.O. BOX 362 ROAD** CITY-ST-ZIP **TOWN, TORTOLA, BVI**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition **300004162603--4** -05/08/01--01098--001 ***2950.00 ***50.00
TITLE **MGR** NAME **MANHATTAN MANAGEMENT COMPANY LIMITED** STREET ADDRESS **OLD AIRPORT ROAD, SUITE 227** CITY-ST-ZIP **THE VALLEY ANGUILLA BWI**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: _Janet M. Caruccio_   Janet M. Caruccio   4/23/01   300-421-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #