

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025783 AF

**DOCUMENT # L99000002909**

1. Entity Name  
**COMMODORE NETWORK SOLUTIONS LC**

FILED

01 APR 25 AM 7:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1220 NORTH MARKET ST., SUITE 606  
WILMINGTON DE 19801**

Mailing Address  
**1220 NORTH MARKET ST., SUITE 606  
WILMINGTON DE 19801**



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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.  
941 FOURTH ST., #200  
MIAMI BEACH FL 33139**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete  
NAME **STERLING MANAGERS LIMITED**  
STREET ADDRESS **P.O. BOX 362**  
CITY-ST-ZIP **ROAD TOWN TORTOLA, BVI**

TITLE ☐ Change ☐ Addition  
NAME **700004162627--9**  
STREET ADDRESS **-05/08/01--01038--001**  
CITY-ST-ZIP **\*\*\*2950.00 \*\*\*\*\*50.00**

TITLE **MGR** ☐ Delete  
NAME **MANHATTAN MANAGEMENT COMPANY LIMITED**  
STREET ADDRESS **THE HALLMARK BLDG., #227, OLD AIRPORT RD.**  
CITY-ST-ZIP **THE VALLEY ANGUILLA, BWI**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/23/01 Daytime Phone # 302-421-5750

CR2E083 (11/00)