2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005029 1. Entity Name STARS & STRIPES SERVICES L.L.C.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business Mailing Address						00	FEB 24 AMI	1:40			
6625 LANDINGS DRIVE 6625 LANDINGS DRIVE											
#101 #101 LAUDERHILL FL 33319 LAUDERHILL FL 33319-18							. (88)/811 218 (8118)81(1 88	141 00 114 00 111 30 111 1	PRIST BILLIA SPILA	11 610 (#12 1 60)	
2. Principal Place of Business 3. Mailing Address						\	i siliktiikis man insisk suuss mik	IST MATTE METER METER A	IGIDI GILLI BELLE	iilii isir issi	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	e		City & State			4. FEIN	lumber		A-I	plied For t Applicable	
Zip	Country		Zip	Count		5. Certi	ficate of Status Desir	ed 🗆	\$5.00 Add		
6. Name and Address of Current			Registered Agent	red Agent		7. Name and Address of New Registered Agent					
CDIECEL (Name								
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134						•]	
					City FL Zip Code						
8. The above	named entity s	ubmits this statement for	the purpose of changing its	register	ed office or regist	tered agent,	or both, in the State	of Florida.			
SIGNATURE .											
O/GIVATORE :	Signature, typed or p	printed name of registered agent ar	nd title if applicable. (NOT	E Registere	d Agent signature requi	red when reinstati	ing)	DATE			
	er was	· ·	- FILE N		FEE IS \$50.00 o Department					-	
9.		MANAGING MEMBE	RS/MEMBERS	10.			ADDITIO	NS/CHANGES			
TITLE NAME	MGR	SOMALIO	Deteta	TITL					(hange	Addition	
STREET ADDRESS	0020 12 11 10 11 10 0 0 1 11 12 1 10 1			STRI	EET ADDRESS						
CITY-ST-ZIP	LAUDERHILL	FL 33319		CITY	'- 8T- ZIP				Change	Addition	
NAME :				NAM					trimige		
STREET ADDRESS CITY-ST-ZIP			-		EET ADDRESS 7-87-ZCP	me :	3/1/10				
TITLE			Delete	TITL	F		7110-		Change	- 🔲 Addition	
NAME STREET ADDISESS			•	NAM STRI	NE EET ADDRESS	V					
CITY-ST-ZIP	<u> </u>				- 8T- ZIP						
TITLE NAME			☐ Delete	TITL	1		-03/ -03/	3 164 /10/000	(1016 1	—(] Aut@ ion }()}	
STREET ADDRESS					EET ADDRESS		赤珠洲	**50.00	米米米米米	50.00	
CITY-\$T-ZIP	}				'- 8T- ZIP	 u.			Cthange	Addition	
YITLE Name			L. Delate	TITL					∟] teranya		
STREET ADDRESS					EET ADDRESS '-ST-ZIP						
CITY- SQ- ZIP	}		Delete	TITL					Change	Addition	
NAME,				NAM *TR	IE Eet adoress						
STREET ADDRESS CITY-ST-ZIP					- 87- 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Daytime Phone #											