2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)								APPROVED			
DOCUMENT # L9900005293								AND FILED			
1. Entity Name DEFSOURCES INTERNATIONAL LC							00 MAY -3 AM 10: 40				
								SECRETARY OF STATE			
Principal Place of Business Mailing Address						DEET CHITE COC		TALLAHASSE	E, FLORIDA		
				20 NORTH MARKET STREET. SUITE 606 LMINGTON DE 19801-2598				10011111	(1 60)11 89 11) 60101 01110 11 01		
Principal Place of Business 3. Mailing Address							_				
				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.											
City & State				City & State			4. FEIN	4. FEI Number Applied For Not Applicable			
Zip	Country			Zip Co		ntry	5. Certi	ficate of Status Desired	□ \$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent						Name	7. Name	e and Address of New R	egistered Agent		
REGISTERED AGENTS LEGAL SERVICES, INC.						Street Address (P.O. Box Number is Not Acceptable)					
941 FOURTH STREET, #202 MIAMI BEACH FL 33139											
						City			FL Zip Coo	le	
8. The above	named entity	submits this statement	for the pu	rpose of changing its	register	ed office or regis	stered agent,	or both, in the State of Flo	rida.		
SIGNATURE .	Signature typed o	or printed name of registered ag	ent and title if	applicable (NOT	- Registere	d Agent signature req	uired when reinstati		DATE		
	organicae, typos					FEE IS \$50.0		,			
				Make Check Pa		· · · · · · · · · · · · · · · · · · ·					
9.	MANAGING MEMBERS/MEMBERS				10.			ADDITIONS/			
TITLE NAME	MGR STERLING MANAGERS LIMITED P.O. BOX 362 ROAD TOWN, TORTOLA, BVI					E IE		300003	_ chang• -236143	Addition 	
STREET ADDRESS City-8t-Zip						EET ADDRESS '- St- Zip		-05/03/ ***379	/00010190 (n.nn +++++		
TITLE NAME	,			- Delete	TITL	!			Change	Addition	
STREET ADDRESS CITY-ST-ZIP					\$TRI	EET ADDRESS - ST-ZIP				•	
TITLE				☐ Delete	TITL				Change	Addition	
NAME STREET ADDRESS					NAM Stri	EET ADDRESS				}	
CITY-ST-ZIP TITLE					CITY	r-8T-ZIP			Change	Addition	
MAME STREET ADDRESS				<u> </u>	MAN					_	
CITY-ST-ZIP						- ST- ZIP					
TITLE NAME				Delete	TITL NAM				Change	Addition	
STREET ADDRESS City-St-Zip						EET ADDRESS - ST- ZIP			1		
TITLE				C Deleta	TITL				Change	Addition	
STREET ADDRESS City-St-Zip			÷		STRI	EET ADDRESS - ST-ZIP					
indicated	l on this report	information supplied v t is true and accurate a y or the receiver or trus	nd that my	signature shall have wered to execute this	the same report as	e legal effect as s required by Ch	if made under apter 608, Flo	07(3)(i), Florida Statutes. r oath; that I am a manag orida Statutes.	further certify that the ining member or manage	nformation er of the	
SIGNAT	URE:	Mustille 4	Ame	Janet		mucció n-Act f Maros	es es	4/05/20	302-421	·57·50	
		SIGNATURE AND TYPED OR	PHINTED NAI	NE OF SIGNING MANAGING	MEMBER	DR MANAGER	•	Date	Daytime Phone #		