

2000 UNIFORM BUSINESS REPORT (UBR)

0014254 AF

DOCUMENT # L99000005386

1. Entity Name
BLUE STAR USA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:31

Principal Place of Business

7805 BAYSHORE COURT #6
MIAMI FL 33138

Mailing Address

PO BOX 380093
MIAMI FL 33238-0093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1402 JFK Causeway
Suite, Apt. #, etc.

Suite, Apt. #, etc.

#109

City & State

MIAMI - FL

City & State

Zip

Country

33141 USA

Zip

Country

4. FEI Number

65-0948575

Applied For

Not Applicable

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

GILOT, PATRICK A
7805 NE BAYSHORE CT.
STE #6
MIAMI FL

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
NAME
STREET ADDRESS
CITY - ST - ZIP
GRM
GILOT, PATRICK A
7805 BAYSHORE CT., #6
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400003148004--5
-02/25/00--01087--001
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TRONA, SERAFINO
AVENIDA LUIS BATTLE BERRES 8301
CP 12600, URUGUAY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
mf 2/22/00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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:

Patrick A. Gilot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

PATRICK A GILOT 02-05-00 3057568887

CR2E083 (9/99)