

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90239 014 \*\*\*\*55.00

969904



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L99000005386**

1. Entity Name

**BLUE STAR USA, L.L.C.**

Principal Place of Business

1402 JFK CAUSEWAY  
#109  
MIAMI FL 33141

Mailing Address

PO BOX 380093  
MIAMI FL 33238

2. Principal Place of Business

**2314 LEE STREET**

Suite, Apt. #, etc.

3. Mailing Address

**2314 LEE STREET**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD - FL**

City & State

**HOLLYWOOD - FL**

Zip

Country

**33020 USA**

Zip

Country

**33020 USA**

4. FEI Number

**65-0949441**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2314 LEE STREET**

City

**HOLLYWOOD**

**FL**

Zip Code

**33020**

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

**06-20-02**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

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

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**GILOT PATRICK A.**  
**2314 LEE STR.**  
**HOLLYWOOD, FL 33020**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**06-20-02 9549244270**

CR2E083 (9/01)