

PS2000097895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

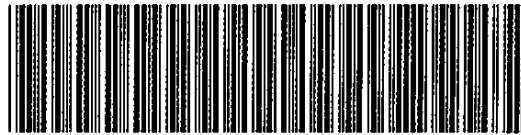
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE FLORIDA

DISINACT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Antillean Traders Inc.

DOCUMENT NUMBER: 16-1629041

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALTON LAIDLAW

(Name of Contact Person)

Antillean Traders Inc

(Firm/Company)

9651 NW 39th Street

(Address)

Cooper City / FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

ALTON LAIDLAW

(Name of Contact Person)

at (954) 258-5556

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Antillean Traders Inc.

SECOND: The document number of the corporation (if known): 16-1629041

THIRD: The date dissolution was authorized: 10/9/2006

Effective date of dissolution if applicable: 10/17/2006
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

CEO / President
(voting group)

Signature: Alton Laidlaw

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary or that fiduciary)

ALTON LAIDLAW
(Typed or printed name of person signing)

CEO / President
(Title of person signing)

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TALLAHASSEE FLORIDA

Filing Fee: \$35

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. **Starlight Telecom**
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
9405 Fontainebleau Blvd., Suite 202

Mailing Address of Business
Miami Florida 33175
City State Zip Code

3. Florida County of principal place of business: Dade

(see instructions if more than one county)

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Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.
Address
City State Zip Code

2. Last First M.I.
Address G05310900002
11/06/06--01006--009 **50.00
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. **Starlight International, Inc.**
Entity Name
9405 Fontainebleau Blvd., Suite 202
Address
Miami Florida 33175
City State Zip Code
Florida Registration Number
FEI Number: P05000128392
☐ Applied for ☒ Not Applicable

2. Entity Name
Address
City State Zip Code
Florida Registration Number
FEI Number:
☐ Applied for ☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate in accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

x [Signature] 09/27/2006
Signature of Owner Date
Phone Number: (786) 301-1066 371-749-7306

Signature of Owner Date
Phone Number:

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name Bright Star Telecom
_____, which was registered on 09/26/2005 and was assigned
registration number G05269700159

x [Signature] 09/27/2006
Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50