

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 006 ***150.00

DOCUMENT # **P94000056254**
1. Entity Name
Star International Couriers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10832 N.W. 27th St.
Suite, Apt. #, etc.

3. Mailing Address
10832 N.W. 27th St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Miami FL** City & State **Miami FL** 4. FEI Number **65-0508166** Applied For
Not Applicable

Zip **33172** Country **U.S.A.** Zip **33172** Country **U.S.A.** 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Mantovanelli, Oduvaldo**
Street Address (P.O. Box Number is Not Acceptable)
8440 N.W. 66 Street
City **Miami** FL Zip Code **33166**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

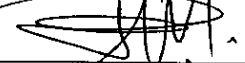
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mantovanelli, Oduvaldo 8440 N.W. 66 Street Miami, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE  **Oduvaldo Mantovanelli** (x) 305 597 9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)