

FILED
Jun 16, 2003 8:00 am
Secretary of State

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05-19-2003 90068 044 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000031076					
1. Entity Name PHI APPAREL COMPANY, LLC					
Principal Place of Business 9572 NW 41 STREET MIAMI, FL 33017-8			Mailing Address 9572 NW 41 STREET MIAMI, FL 33017-8		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 46-0510102				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CAMPO, YESIT J CPA 9572 NW 41 STREET MIAMI, FL 33178			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agents must be stated when submitting)					
Make Check/Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	JASSIR, FRANCISCO		STREET ADDRESS		
CITY-ST-ZIP	9572 NW 41 STREET MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS	TRIBIN, JORGE F		STREET ADDRESS		
CITY-ST-ZIP	9572 NW 41 STREET MIAMI, FL 33178		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 606, Florida Statutes.					
SIGNATURE: _____			5/12/03 305-593-2003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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☐ CHECK HERE IF MAKING CHANGES

CFR2003 (1002)