

2000 UNIFORM BUSINESS REPORT (UBR)

0002718 AF

DOCUMENT # L98000000332

1. Entity Name
2000 MEN'S SHOP CONCEPT, LC

Principal Place of Business: C/O BARRY MUKAMAL.CPA//RACHLIN.COHEN&HOLTZ ONE S.E. THIRD AVE., 10TH FLOOR MIAMI FL 33131

Mailing Address: C/O BARRY MUKAMAL.CPA//RACHLIN.COHEN&HOLTZ ONE S.E. THIRD AVE., 10TH FLOOR MIAMI FL 33131-1710

LR
3/20

FILED
00 MAR -7 PM 3: 11
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE
65-0851995

4. FEI Number: **APPLIED FOR** Applied For / Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
MOUNT VERNON SQUARE
TALLAHASSEE FL 32303

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.

SIGNATURE: _____ (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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	BENSOUSSAN, MICHEL	3489 ATWATER, APT. #2	MONTREAL, QUE., CANADA H3H 1Y2	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: *2/07/2000* Daytime Phone #: *(514) 845-0583*

MICHEL BENSOUSSAN

CR2E083 (9/99)