

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008531 AF

**DOCUMENT # L98000000332**

**FILED**

**01 MAR -9 AM 10: 36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

<b>Principal Place of Business</b> C/O BARRY MUKAMAL.CPA//RACHLIN.COHEN&HOLTZ ONE S.E. THIRD AVE., 10TH FLOOR MIAMI FL 33131	<b>Mailing Address</b> C/O BARRY MUKAMAL.CPA//RACHLIN.COHEN&HOLTZ ONE S.E. THIRD AVE., 10TH FLOOR MIAMI FL 33131
---	---



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 65-0851995	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**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
State <b>FL</b> 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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

100003891131--8  
-03/21/01--01103--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**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 REQUIRED** MICHEL BENSOUSSAN 26/2/01 (54)845-0583

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)