

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008934

1. Entity Name

SONIA BRAGA CUSTOM TAILOR, L.C.

Principal Place of Business

1339 S.W. 22 TERRACE
MIAMI FL 33145

Mailing Address

1339 S.W. 22 TERRACE
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1880SW 57 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33155

Country

USA

Zip

Country

4. FEI Number

65-1029695

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENDER, HARRY K

C/O BENDER, BENDER & CHANDLER, P.A.

5915 PONCE DE LEON BLVD., SUITE 60

CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SONIA BRAGA BANNISTER
1339 S.W. 22 TERRACE
MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BANNISTER, DAVID
1339 S.W. 22 TERRACE
MIAMI FL 33145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LLC⁵⁰ & LLC⁵⁵ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004375017--6
-06/07/01--01/12/01
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3L ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

27 April 2001

(305) 269-9950

Date

Daytime Phone #

FILED

2001 JUN -7 PM 5:20

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE