

2001 UNIFORM BUSINESS REPORT (UBR)

0001273 AF

DOCUMENT # L00000002146

1. Entity Name

CROSCILL ESTERO LLC

FILED

01 FEB -1 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O CROSCILL INC.
261 FIFTH AVE.
NEW YORK NY 10016

Mailing Address

C/O CROSCILL INC.
261 FIFTH AVE.
NEW YORK NY 10016

2. Principal Place of Business

Meromax Outlets

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10801 Corkscrew Road #342

City & State

Estero, FL

City & State

Zip

33928

Country

USA

Zip

Country

4. FEI Number

13-4127332

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., STE. 508
MIAMI FL 33156

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. MGRM ADDITIONS/CHANGES

TITLE MGRM Croscill Retail Holding Corp. ☐ Change ☐ Addition
NAME
STREET ADDRESS 261 Fifth Ave
CITY-ST-ZIP New York, NY 10016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100003657124--4
-02/08/01--01020--013
*****50.00 *****50.00

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

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

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

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

Date

Daytime Phone #

1-12-01 212-951-7457

CR2E083 (11/00)