

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90003 004 ****50.00

DOCUMENT # L00000004344

1. Entity Name

SHOPPERS' CRITIQUE INTERNATIONAL, L.L.C.

Principal Place of Business

**656 FLORIDA CENTRAL PARKWAY
 LONGWOOD FL 32750**

Mailing Address

**656 FLORIDA CENTRAL PARKWAY
 LONGWOOD FL 32750**

2. Principal Place of Business

636 Florida Central Pkwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood FL

City & State

Zip

32750

Country

USA

Zip

Country

4. FEI Number

59-3639242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, WILLIAM N
 656 FLORIDA CENTRAL PARKWAY
 LONGWOOD FL 32750**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **CFO** ☐ Delete
 NAME **GREEN, WILLIAM N**
 STREET ADDRESS **1921 CALADIUM PLACE**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **CEO** ☐ Delete
 NAME **SOMACH, MICHAEL D**
 STREET ADDRESS **955 S. CHARING CROSS CIRCLE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **P** ☐ Delete
 NAME **WHELAN, MARILYN L**
 STREET ADDRESS **935 - 203 BIRMINGHAM COURT**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 no 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 #

1/15/02 407-834-3337

CR2E083 (9/01)