

2001 UNIFORM BUSINESS REPORT (UBR)

0008708 AF

DOCUMENT # L00000005031

1. Entity Name

ITALSHOP, LLC
(Changed to ITALSHOP OF FLORIDA LLC)

FILED

01 APR 27 AM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 201 SOUTH BISCAYNE BOULEVARD, SUITE 2500 MIAMI FL 33131
Mailing Address: 201 SOUTH BISCAYNE BOULEVARD, SUITE 2500 MIAMI FL 33131

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

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ZAMORA, ANTONIO R ESQ.
201 SOUTH BISCAYNE BOULEVARD, SUITE 2500
MIAMI FL 33131

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

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-05/11/01--0111--006
*****50.00 *****50.00

| 9. MANAGING MEMBERS/MEMBERS | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Cababie Daniel, Elias 19955 Porto Vita Way, Apt. 2306 Aventura, Florida 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kanan, Jaime 19355 Turnberry Way Aventura, Florida 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Dayan, Jaime GICSA, Ave. de las Palmas #905 Col. Lomas de Chapultepec Mexico D.F., Mexico <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 |

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 April 26, 2001 (305) 379-5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)