

200.1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005875

1. Entity Name
EVERYTHING FASHION LLC

Principal Place of Business
5201 BLUE LAGOON DR., STE 100
MIAMI FL 33126-2065

Mailing Address
5201 BLUE LAGOON DR., STE 100
MIAMI FL 33126-2065

FILED

01 APR 12 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Thomas J. Skola, Esq.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1031754

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

SKOLA, THOMAS J
5201 BLUE LAGOON DR., STE 100
MIAMI FL 33126-2065

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 ☐ Delete

TITLE Mg. Dir. ☐ Change ☒ Addition
NAME Gerardo Minguez Jerez
STREET ADDRESS 5201 Blue Lagoon Drive, Suite 100
CITY-ST-ZIP Miami, FL 33126-2065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Sec. ☐ Change ☒ Addition
NAME Thomas J. Skola, Esq.
STREET ADDRESS 5201 Blue Lagoon Drive, Suite 100
CITY-ST-ZIP Miami, FL 33126-2065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200004037182--3
-04/20/01--01135--007
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

3/26/01
Date

(305)260-1014
Daytime Phone #

CR2E083 (11/00)