

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90067 045 ****50.00

DOCUMENT # L00000005875

1. Entity Name
EVERYTHING FASHION LLC

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

Mailing Address
C/O THOMAS J. SKOLA, ESQ.
5201 BLUE LAGOON DRIVE, STE 100
MIAMI FL 33126-2065

2. Principal Place of Business

3. Mailing Address

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 _____ (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

10. ADDITIONS/CHANGES

TITLE **D** ☐ Delete
NAME **JEREZ, GERARDO M**
STREET ADDRESS **5201 BLUE LAGOON DRIVE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33126-2065**

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

TITLE **S** ☐ Delete
NAME **SKOLA, THOMAS J ESQ**
STREET ADDRESS **5201 BLUE LAGOON DRIVE, SUITE 100**
CITY-ST-ZIP **MIAMI FL 33126-2065**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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 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: *THOMAS J SKOLA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/14/02 (305) 260-1014
Date Daytime Phone #

CR2E083 (9/01)