

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90036 047 ****50.00

DOCUMENT # L00000005875

1. Entity Name
EVERYTHING FASHION LLC



20023004



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
501 Brickell Key Dr., Ste 602
Suite, Apt. #, etc.
MIAMI, FL
City & State

3. Mailing Address
501 Brickell Key Dr., Ste 602
Suite, Apt. #, etc.
MIAMI, FL
City & State

Zip
33131 Country
USA

Zip
33131 Country
USA

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Dr., Ste 602
City **MIAMI** FL Zip Code **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas J. Skola* DATE **1/15/03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEREZ, GERARDO M 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL 33126-2065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOLA, THOMAS J ESQ 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL 33126-2065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEK 501 Brickell Key Dr., Ste 602 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Brickell Key Dr., Ste 602 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Thomas J. Skola* DATE **1/29/03** DAYTIME PHONE # **305-577-3988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)