

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90102 039 ****50.00

DOCUMENT # L00000007223

1. Entity Name

THE DYEABLE SHOE STORE #1 LLC



Principal Place of Business

Mailing Address

**321 N UNIVERSITY DR
#N-4
PLANTATION FL 33324**

**2130 REGATTA AVE
MIAMI BEACH FL 33140**

2. Principal Place of Business

2087 N. UNIVERSITY DR.

3. Mailing Address

3651 N.W. 81ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE FL

City & State

MIAMI, FL

Zip

Country

33322

Zip

Country

33147

4. FEI Number **65-1014389**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGER, JAMES L ESQ
BERGER DAVIS & SINGERMANN
350 E LAS OLAS BLVD SUITE 1000
FT LAUDERDALE FL 33301**

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FINK, BRIAN D
2130 REGATTA AVENUE
MIAMI BEACH FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3651 N.W. 81ST ST.
MIAMI, FL 33147**

☒ Change ☐ Addition

TITLE
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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:

BRIAN D. FINK

2-3-03

305-836-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)