

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007797

1. Entity Name Pretty Holdings, LLC

FILED

01 MAY -1 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business
437 41st St.

3. Mailing Address
437 41st St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

216

216

City & State

City & State

Miami Beach, FL
Zip 33140 Country USA

Miami Beach, FL
Zip 33140 Country USA

4. FEI Number

65-102-0533

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
305-672-9200 Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

437 41st St. #200

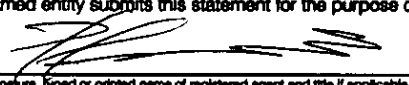
Miami Beach, FL 33140

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  Pres./305-672-9200 Management, Inc. 4/25/01

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 M ☒ Delete
NAME Nicole Robinson
STREET ADDRESS 437 41st St. #216
CITY-ST-ZIP Miami Beach, FL 33140

TITLE M ☒ Change ☐ Addition
NAME Nicole Robinson
STREET ADDRESS 437 41st St. #216
CITY-ST-ZIP Miami Beach, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: 

M. 4/25/01

305-672-2700

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

Date

Daytime Phone #

UGR2E083 (11/00)