

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011756

1. Entity Name

STRATEGIC BRANDS INTERNATIONAL, L.L.C.

Principal Place of Business

17308-A COLLINS AVENUE
SUNNY ISLES BEACH FL 33160

Mailing Address

17308-A COLLINS AVENUE
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

125 MAIN ST.
Suite, Apt. #, etc.
4TH FLOOR

3. Mailing Address

125 MAIN STREET
Suite, Apt. #, etc.
4TH FLOOR

City & State

WESTPORT, CT

City & State

WESTPORT, CT

Zip

06880

Country

USA

Zip

06880

Country

USA

4. FEI Number

06-1599046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete
PRESIDENT
RICHARD BARRIE
STREET ADDRESS
61 CONGO RD. NORTH
CITY-ST-ZIP
WESTPORT, CT 06880

TITLE NAME ☐ Delete
EXECUTIVE VICE PRESIDENT
RAPHAEL AMMAR
STREET ADDRESS
17308-A COLLINS AVE.
CITY-ST-ZIP
SUNNY ISLES BEACH, FL 33160

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200003677942-7
-02/14/01--01001--012
*****50.00 *****50.00

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

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

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

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

TITLE NAME ☐ 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:

Richard Barrie

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

Date

Daytime Phone #

FILED

01 FEB -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)