

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90549 031 \*\*\*\*\*50.00

**DOCUMENT # L00000011756**

1. Entity Name

**STRATEGIC BRANDS INTERNATIONAL, L.L.C.**



Principal Place of Business

61 CAMPO ROAD NORTH  
WESTPORT CT 06880

Mailing Address

61 CAMPO ROAD NORTH  
WESTPORT CT 06880

2. Principal Place of Business

**677 NORTH WASHINGTON BLVD**

3. Mailing Address

**677 NORTH WASHINGTON BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34236**

Country

Zip

**34236**

Country

4. FEI Number

**06-1599046**

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

**CFRA LLC  
ONE HARBOUR PLACE 777  
S. HARBOUR ISLAND BLVD. 5TH FLOOR  
TAMPA FL 33602**

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. 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

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

TITLE **EVP** ☐ Delete  
NAME **AMMAR, RAPHAEL**  
STREET ADDRESS **18787 BISCAYNE BLVD**  
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **922 INDIAN BEACH DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34234**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **210 174TH STREET**  
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Richard Barrie*

**SIGNATURE REQUIRED**

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

*April 9, 2003 941-952-5872*

Date

Daytime Phone #

CR2E083 (10/02)