

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012202

1. Entity Name

THE DYEABLE SHOE STORE #3 LLC

Principal Place of Business

3097 NE 163RD STREET  
NORTH MIAMI BEACH FL 33160

Mailing Address

3097 NE 163RD STREET  
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1014389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGER, JAMES L ESQ.

BERGER DAVIS & SINGERMAN

350 E. LAS OLAS BOULEVARD, SUITE 1000  
FORT 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.

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

10. ADDITIONS / CHANGES

TITLE **Managing Member** ☐ Delete  
NAME **Pink, Brian D.**  
STREET ADDRESS **2130 Regatta Avenue**  
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Change ☐ Addition  
NAME **500004133583**  
STREET ADDRESS **-05/03/01--01064--016**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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NAME  
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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:

*[Signature]*  
SIGNATURE REQUIRED

4-19-01

305-836-8880

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

Date

Daytime Phone #

CR2E083 (11/00)

00102622 AF

FILED

01 APR 23 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE