

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90073 010 ****50.00

DOCUMENT # L01000007627

1. Entity Name

BAG BEYOND, L.L.C.

Principal Place of Business

Mailing Address

19390 N.W. 82ND CT.
MIAMI FL 33015

19390 N.W. 82ND CT.
MIAMI FL 33015

2. Principal Place of Business

8144 W 26 Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Fla

City & State

Hialeah Fla

Zip

33016

Country

U.S.A.

Zip

Country

4. FEI Number

65-1111055

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

SLAVIN, MARK B
1031 N. MIAMI BEACH BLVD.
N. MIAMI BEACH FL 33162

Name

Aenri Swissa

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

8144 WEST 26 AVE

City

Hialeah

FL

Zip Code

33016

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 Aenri Swissa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Director
NAME Aenri Swissa
STREET ADDRESS 8144 W 26 Ave
CITY-ST-ZIP Hialeah Fla 33016

TITLE slavin mark
NAME slavin mark
STREET ADDRESS 1031 N miami Beach Blvd
CITY-ST-ZIP N.miami Beach Fla 33162

TITLE manager
NAME 2100 Kadosh
STREET ADDRESS 195-N-STATE Rd 7
CITY-ST-ZIP Plantation Fla 33317

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

REQUIRED

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

Date

1/26/02 (305) 927-3242

Daytime Phone #

CP2E083 (9/01)