

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009903

1. Entity Name

AUSTRALIAN SOUVENIRS AND GIFTS, L.L.C.



FILED

03 AUG 28 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

2918 JACKSON ST
20
HOLLYWOOD FL 33020

2918 JACKSON ST
20
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

2221 MONROE ST
Suite, Apt. #, etc.

2221 MONROE ST
Suite, Apt. #, etc.

APT 4

APT 4

City & State

City & State

HOLLYWOOD FL

HOLLYWOOD FL

Zip

Country

Zip

Country

33020

U.S.A

33020

U.S.A

4. FEI Number 59-3726720

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

SUAREZ, ALBA
2918 JACKSON ST
HOLLYWOOD FL 33020

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME WOODLAND, DESPINA ☒ Delete
STREET ADDRESS 2918 JACKSON ST #20
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE MGR ☒ Change ☐ Addition
NAME WOODLAND DESPINA
STREET ADDRESS 2221 MONROE ST APT 4
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE P ☒ Delete
NAME WOODLAND, PETER
STREET ADDRESS 2918 JACKSON ST #20
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE P ☒ Change ☐ Addition
NAME WOODLAND PETER
STREET ADDRESS 2221 MONROE ST
CITY-ST-ZIP HOLLYWOOD FL 33020

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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TITLE ☐ Delete
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: Despina Woodland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/26/03 954-920-7004
Date Daytime Phone #

CR2E083 (10/02)

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