

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90103 018 \*\*\*\*50.00

**DOCUMENT # L01000015901**

1. Entity Name  
**THE DYEABLE SHOE STORE #5 LLC**



Principal Place of Business

**321 NORTH UNIVERSITY DRIVE. #N-4  
PLANTATION FL 33324**

Mailing Address

**2130 REGATTA AVE  
MIAMI BEACH FL 33140**

2. Principal Place of Business

**9400 ATLANTIC BLVD  
SUITE # 72**

3. Mailing Address

**3651 N.W. 81ST ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**JACKSONVILLE FL**

City & State

**MIAMI, FL**

Zip

Country

**32225**

Zip

Country

**33147**



☒ CHECK HERE IF MAKING CHANGES

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 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. 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 **MGRM** ☐ Delete  
NAME **FINK, BRIAN D**  
STREET ADDRESS **2130 REGATTA AVE**  
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3651 N.W. 81ST ST.**  
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*[Handwritten Signature]*

**BRIAN D. FINK**

**2-3-03**

**305-836-8800**

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

Date

Daytime Phone #

CR2E083 (10/02)