

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90019 007 ****50.00

0014708

DOCUMENT # L01000017469

1. Entity Name
B.A. STYLE LLC



Principal Place of Business Mailing Address

~~2065 S. BAYSHORE DR., STE. 703~~ ~~2065 S. BAYSHORE DR., STE. 703~~
~~MIAMI FL 33133~~ ~~MIAMI FL 33133~~

2. Principal Place of Business 3. Mailing Address

5700 Collins Av. Apt. 86 **5700 Collins Av.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

86 **86**

City & State City & State

Miami Beach FL **Miami Beach FL**

Zip Country Zip Country

33140 **USA** **33140** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1157759** Applied For

Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~**WORLD CORPORATE SERVICES, INC.**~~
~~**2065 S. BAYSHORE DR., STE. 703**~~
~~**MIAMI FL 33133**~~

7. Name and Address of New Registered Agent

Name **MARIANO PASTOR**

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

5700 Collins Av. Apt. 86

City **Miami Beach** **FL** Zip Code **33140**

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:  DATE: **03/19/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--|
| TITLE | MGR <input type="checkbox"/> Delete |
| NAME | PASTOR, MARIANO M |
| STREET ADDRESS | 2065 S. BAYSHORE DR., STE. 703 |
| CITY-ST-ZIP | MIAMI FL 33133 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| TITLE | MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PASTOR, MARIANO M |
| STREET ADDRESS | 5700 Collins Av. Apt. 86 |
| CITY-ST-ZIP | Miami Beach, FL 33140 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| 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:  DATE: **03/19/03** Daytime Phone #: **305 861 8417**

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

CR2E083 (10/02)