

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 12 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000375

1. Entity Name

ITALIAN FASHION DESIGN COMPANY, L.C.

Principal Place of Business

2514 N.W. BOCA RATON BLVD.  
BOCA RATON FL 33431

Mailing Address

2514 N.W. BOCA RATON BLVD.  
BOCA RATON FL 33431-6608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0670785

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CROSIO, ANNA M

6330 N.W. 38TH DRIVE 5650 FOX HOLLOW DR  
HARBOUR ISLAND BOCA RATON  
CORAL SPRINGS FL 33067 FL 33486

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 MGR ☐ Delete  
NAME CROSIO, IVANO  
STREET ADDRESS 6330 N.W. 38TH DR. HARBOUR ISLAND  
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE MGR. ☐ Change ☐ Addition  
NAME CROSIO IVANO  
STREET ADDRESS 5650 FOX HOLLOW DR  
CITY-ST-ZIP BOCA RATON - FL 33486

TITLE MGR ☐ Delete  
NAME LOCKER, GEORGE  
STREET ADDRESS P.O. BOX 3788  
CITY-ST-ZIP MIDLAND TX 79702

TITLE ☐ Change ☐ Addition  
NAME 400003278884--2  
STREET ADDRESS -06/06/00--01100--020  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME CLERI, GIOVANI  
STREET ADDRESS VIA CASSIA 595/B-00189  
CITY-ST-ZIP ROME, ITALY

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

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  
CITY-ST-ZIP

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 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

04-25-00 561-4170419

CR2E083 (9/93)