2000	UNIFORM BUSI	NESS REPO	RT (UBI	R)				
DOCUMENT # L9800000332 1. Entity Name 2000 MÉN'S SHOP CONCEPT, LC					7/20 3/20 00 MAR -7 PM 3: 11			
Principal Place of Business C/O BARRY MUKAMAL.CPA//RACHLIN.COHEN&HOLTZ ONE S.E. THIRD AVE 10TH FLOOR MIAMI FL 33131		Mailing Address C/O BARRY MUKAMAL.CPA//RACHLIN.COHEN&HOLTZ ONE S.E. THIRD AVE 10TH FLOOR MIAMI FL 33131-1710		√&HOLTZ	A COOP TARY OF COOLS			
2. Principal Place of Business		3. Mailing Address				i a i a e i a a d ala i a a a a a a a a a a a a a a a a a		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 65-0851995			
City & State		City & State			4. FEI Numi	Der XICH KOM	 	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificat	e of Status Desired	\$5.00 Ad Fee Require	
	6. Name and Address of Current F	egistered Agent	Name		7. Name an	d Address of New Regis	stered Agent	
CORPORA 1116-D TH MOUNT V		Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32303			City	City FL Zip Code				
Gignature _ 	Signature, typed or printed name of registered agent an	,	Registered Agent signatury, WI!! FEE IS \$	50.00			DATE	
9. 	MANAGING MEMBE		10.			ADDITIONS/CH		- Addition
IITLE NAME STREET ADDRESS SITY-ST-ZIP	MGRM BENSOUSSAN, MICHEL 3489 ATWATER, APT. #2 MONTREAL,QUE.,CANADA H3H 1	□ Deleta	TITLE MAME STREET ADDRESS CITY-ST-ZIP		5	000031 -03/22/00 *****50		
TITLE NAME STREET ADDRESS CITY-8T-ZIP	MONTHE L. GOL, SANABATION	☐ Defeta	TITLE NAME STREET ADDRESS CHY-ST-ZIP		,		☐ Change	☐ Addition
TITLE NAME STREET ADDSESS CITY- ST- ZIP		☐ Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE SAME STREET ADDRESS CITY-ST-ZIP		☐ Delata	TITLE NAME . STREET ADDRESS CITY-ST-ZIP				Change	☐ Additton
IITLE NAME STREET ADDRESS STY-ST-ZIP		□ Oeleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP				(Change	☐ Addition
TITLE NAME BTREET ADDRESS CITY-ST-ZIP	ADATIN 1	☐ Delsta	TITLE MAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the ee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information indicated on this report is trulimited liability company or the company of

SIGNATURE:

INTED NAME OF SIGNING MANAGING MEMBER OR MANAGER SIGNATURE A