

FROM : TR HERRERA FIN SUCES INC

FAX NO. : 9544423294

AND
Apr. 27 2000 06:05PM P2

2000 UNIFORM BUSINESS REPORT (UBR)

00 MAY -1 PM 4:13

DOCUMENT # L99000001780

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

AVENTURA FASHION, L.C.

Principal Place of Business 18181 NE 31st Ct. #202 AVENTURA, FL 33160	Mailing Address 18181 NE 31st Ct. #202 AVENTURA, FL 33160
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2. Principal Place of Business 1910A Hollywood Blvd Suite, Apt. #, etc.	3. Mailing Address 1910A Hollywood Blvd Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Hollywood, FL	City & State Hollywood, FL	4. FEI Number 65-091739	Applied For <input type="checkbox"/> Not Applicable
Zip 33020	Country U.S.A.	Zip 33020	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GARY L. BROWN, ESQ.
BEZLOW, KORN, BROWN, Lipton, Miller
& ZEMEL, PA
70203 BISCAYNE BLVD #200
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOT: Registered Agent signature required when resigning)

700003256657-5
-05/18/00-01012-015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARIA ARY 18181 NE 31st COURT #202 AVENTURA, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARIA ARY 1910A HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIRTA ACOSTA 18181 NE 31st COURT #202 AVENTURA FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MIRTA ACOSTA 1910A HOLLYWOOD BLVD HOLLYWOOD, FL 33020
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* x 4/27/2000 954-922-8557

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

CR2E083 (11/99)