

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004703

1. Entity Name
FIVE STAR APPAREL, LC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business
C/O SHARON S. JONES
3001 PONCE DE LEON BLVD #262
CORAL GABLES FL 33134

Mailing Address
C/O SHARON S. JONES
3001 PONCE DE LEON BLVD #262
CORAL GABLES FL 33134



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City & State

Zip **Country** **Zip** **Country**

4. FEI Number 65-0942362 **Applied For** ☐ **Not Applicable** ☐

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

6. Name and Address of Current Registered Agent

JONES, SHARON S
3001 PONCE DE LEON BLVD
#262
CORAL GABLES FL 33134

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 _____ 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/MANAGERS

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

MGRM
ZUNJIC, BRANKO
3001 PONCE DE LEON BLVD #262
CORAL GABLES FL 33134

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

10. ADDITIONS/CHANGES

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

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

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*****50.00 *****50.00

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 #

CR2E083 (5/00)