

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 12 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006472

1. Entity Name

NEOWEAR, L.L.C.

Principal Place of Business

Mailing Address

1904 APPLETON COURT  
PALM BEACH GARDENS, FL  
33403

1904 APPLETON COURT  
PALM BEACH GARDENS, FL  
33304

2. Principal Place of Business

1101 SEAFARER CIRCLE

3. Mailing Address

1101 SEAFARER CIRCLE

Suite, Apt. #, etc.

SUITE 503

Suite, Apt. #, etc.

SUITE 503

City & State

JUPITER, FLORIDA

City & State

JUPITER, FLORIDA

Zip

33477

Country

USA

Zip

33477

Country

USA

4. FEI Number

SS# 572-85-2004

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUVI HILTUNEN  
1904 APPLETON COURT  
PALM BEACH GARDENS, FL 33403

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/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING MEMBER  
SUVI HILTUNEN  
1101 SEAFARER CIRCLE, SUITE 503  
JUPITER, FL 33477 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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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)(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:

*Suvi Hiltunen*  
SUVI HILTUNEN, MANAGING MEMBER

APRIL 18, 2000

(561) 630-0073

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

Date

Daytime Phone #

CR2E083 (11/99)