

2001 UNIFORM BUSINESS REPORT (UBR)

0015732 AF

DOCUMENT # L99000006472

1. Entity Name

NEOWEAR, L.L.C.

FILED

01 FEB 19 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1101 SEAFARER CIRLCE, SUITE 503
JUPITER FL 33477

Mailing Address

1101 SEAFARER CIRLCE, SUITE 503
JUPITER FL 33477

2. Principal Place of Business

3031 CALLE VALENCIA

3. Mailing Address

3031 CALLE VALENCIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

57-2852004

Applied For

Not Applicable

Zip

33409

Country

PALM BEACH

Zip

33409

Country

PALM BEACH

5. Certificate of Status Desired

☐ \$5.00 - Additional

Fee Required

6. Name and Address of Current Registered Agent

HILTUNEN, SUVI

1904 APPLETON COURT

PALM BEACH GARDENS FL

7. Name and Address of New Registered Agent

Name

HILTUNEN, SUVI

Street Address (P.O. Box Number is Not Acceptable)

3031 CALLE VALENCIA

City WEST PALM BEACH FL

Zip Code

33409

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]

SUVI HILTUNEN MANAGING MEMBER

2/13/01

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

900003745639--0

-02/21/01--01081--022

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

MGRM
HILTUNEN, SUVI
1101 SEAFARER CIRLCE, SUITE 503
JUPITER FL 33477

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition

MGRM
HILTUNEN, SUVI
3031 CALLE VALENCIA
WEST PALM BEACH, FL 33409

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/13/01 (561) 242 6016

CR2E083 (11/00)