

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90344 022 ****50.00

DOCUMENT # M01000002327

1. Entity Name

TOMMY BAHAMA BOCA RATON, LLC

Principal Place of Business

**1071 AVENUE OF THE AMERICAS
 NEW YORK NY 10018**

Mailing Address

**1071 AVENUE OF THE AMERICAS
 NEW YORK NY 10018**

2. Principal Place of Business

418 PLAZA REAL

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ABOVE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33432

Country

Zip

33432

Country

USA

4. FEI Number

31-1783156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
 NAME **TOMMY BAHAMA R&R HOLDINGS, INC.**
 STREET ADDRESS **1071 AVENUE OF THE AMERICAS**
 CITY-ST-ZIP **NEW YORK NY 10018**

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ 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:

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

7/16/2002
 Date

212-391-8688
 Daytime Phone #

CR2E083 (4/02)