

2001 UNIFORM BUSINESS REPORT (UBR)

3885 AF

DOCUMENT # M98000001111

1. Entity Name
WOLFORD BOUTIQUES, LLC

FILED

01 MAR 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 9700 COLLINS AVENUE - SUITE 146 9700 COLLINS AVENUE, SUITE 146
 BAL HARBOUR FL 33154 BAL HARBOUR FL 33154

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 New York, NY

4. FEI Number 13-4016035 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000

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 _____ (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	MGRM WOLFORD AMERICA, INC. <input checked="" type="checkbox"/> Delete
STREET ADDRESS	540 MADISON AVENUE, 34TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10022
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	CEO Ellen Careaga <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	540 Madison Ave 34th Floor
CITY-ST-ZIP	New York, NY 10022
TITLE NAME	Manager Karen Schneider <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	540 Madison Ave 34th Floor
CITY-ST-ZIP	New York, NY 10022
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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]* **SIGNATURE REQUIRED** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)