2001 UNIFORM BUSINESS REPORT (UBR)								
1. Entity Nam	MENT # M980(RD BOUTIQUES, LLC		FILED					
WOLFOR								
Principal Place of Business Mailing Address					OIMARI4 PM 4:26			
9700 COLLINS AVENUE - SUITE -146 9700 COLLINS AVENUE. SUITE 14					SECRETARY OF	FSTATE		
BAL HARBOU	JR FL 33154	BAL HARBOUR FL 33154			- INLANDER			
2. Principal P	Place of Business	3. Mailing Address 540 M	540 Madism Ave		endil iid idist innet Editi datei until	EATIS MAINS SINNS STANS	11481 1781 1881	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc. 3444 Floor		DO NOT WRITE IN THIS SPACE			
City & State		City & State			13-4016035		oplied For ot Applicable	
Zip Country		Zin - I			5. Certificate of Status Desired 55.00 Additional			
	6. Name and Address of Current F			7. Name an	nd Address of New Register	Fee Required red Agent	<u> </u>	
1				ame				
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 508								
MIAMI FL 33156-0000				City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or regis	stered agent, or be	oth, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature requ	aired when reinstating)	. Da	ATE .		
		× .	W!!! FEE IS \$50.0					
			able to Departmen					
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANG	GES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFORD AMERICA, INC. 540 MADISON AVENUE, 34TH FLOOR NEW YORK NY 10022			CEO Change PAddition & Ellen Careaga 540 Madison Ave 34th Floor New York, NY 10022				
TITLE	NEW TORK INT 10022	☐ Detete	TITLE	Manag	er	☐ Change	Addition 2	
NAME STREET ADDRESS	NAME S STREE			ADDRESS S40 Madison are 34th Floor				
CITY-ST-ZIP			CITY-ST-ZIP	New You	KINY 10022	<u>-</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE		☐ Delete	TITLE	·	80000389	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	•	-03/21/01 *****50.	01118		
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		*************************************	UU কককক ☐ Change	Addition	
NAME _		Li Delete	NAME			E Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•			
TITLE NAME .	er i engels e n roman na Colonia.	□ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS					
11. I hereby c	ertify that the information supplied with t	his filing does not qualify for t	CITY-ST-ZIP he exemption stated in	Section 119.07(3))(i), Florida Statutes. I further	certify that the in	nformation	
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 MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destine Prope #								