

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90109 005 ****50.00

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DOCUMENT # M98000001111



1. Entity Name
WOLFORD BOUTIQUES, LLC

Principal Place of Business
**9700 COLLINS AVENUE, SUITE 146
BAL HARBOUR FL 33154**

Mailing Address
**540 MADISON AVENUE, 34TH FLOOR
NEW YORK NY 10022**

2. Principal Place of Business
9700 Collins Ave

3. Mailing Address

Suite, Apt. #, etc.
Suite 123

Suite, Apt. #, etc.

City & State
Bal Harbour, FL

City & State

4. FEI Number **13-4016035**

Applied For
Not Applicable

Zip **33154** Country **USA**

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156-0000**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **VP** Delete
NAME **KEVIN, O'BOYLE**
STREET ADDRESS **540 MADISON AVE 34 FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **VP** Change Addition
NAME **KEVIN O'BOYLE**
STREET ADDRESS **540 MADISON AVE 34TH FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **MGR** Delete
NAME **SCHNEIDER, KAREN**
STREET ADDRESS **540 MADISON AVENUE, 34TH FLOOR**
CITY-ST-ZIP **NEW YORK FL 10022**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
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: **KEVIN O'BOYLE** **3/31/03** **(212) 453-5556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)