

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 456248**

1. Entity Name

BIJOUX TERNER, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90330 050 ***150.00

0145858

Principal Place of Business	Mailing Address
7441 NW 8 ST BAY K MIAMI FL 33126 US	7441 NW 8 ST BAY K MIAMI FL 33126 US

2. Principal Place of Business	3. Mailing Address
777 NW 72 NE	P.O. Box 520687

Suite, Apt. #, etc.	Suite, Apt. #, etc.
1888	

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33126	USA	33152	U.S.

6. Name and Address of Current Registered Agent

TERNER, SALOMON 7441 NW 8 ST BAY K MIAMI FL 33126

4. FEI Number	59-1548183	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	TERNER, SALOMON	NAME	
STREET ADDRESS	7441 NW 89TH ST / BAY K	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	PAPIR, ROSA TERNER	NAME	
STREET ADDRESS	2901 S. BAYSHORE DRIVE APT. 9-B	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	TERNER, SALOMON	NAME	
STREET ADDRESS	7441 NW 8ST / BAY K	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2001

Date

3052669000

Daytime Phone #

CR2E034 (10/00)