

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90170 004 ***150.00

DOCUMENT # 456248

1. Entity Name
BIJOUX TERNER, INC.

Principal Place of Business
777 NW 72 AVENUE
MIAMI FL 33126
US

Mailing Address
P.O. BOX 520687
MIAMI FL 33152
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1548183**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **TERNER SALOMON**

Street Address (P.O. Box Number is Not Acceptable)

777 NW 72 AVE - 1BB8

City **MIAMI**

FL

Zip Code
33126

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)

DATE

9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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** ☐ Delete
 NAME **TERNER, SALOMON**
 STREET ADDRESS ~~**7441 NW 8TH ST / BAY K**~~
 CITY-ST-ZIP ~~**MIAMI FL 33126**~~

TITLE **SALOMON TERNER** ☒ Change ☐ Addition
 NAME **SALOMON TERNER**
 STREET ADDRESS **777 NW 72 AVE - 1BB8**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **S** ☐ Delete
 NAME **PAPIR, ROSA TERNER**
 STREET ADDRESS **2901 S. BAYSHORE DRIVE APT. 9-B**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **TERNER, SALOMON**
 STREET ADDRESS ~~**7441 NW 8ST / BAY K**~~
 CITY-ST-ZIP ~~**MIAMI FL**~~

TITLE **SALOMON TERNER** ☒ Change ☐ Addition
 NAME **SALOMON TERNER**
 STREET ADDRESS **777 NW 72 AVE 1BB8**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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

3/27/02

Date

305-266-9000

Daytime Phone #

CR2E034 (9/01)