

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90478 044 ***150.00

DOCUMENT # 456248

1. Entity Name
BIJOUX TERNER, INC.



Principal Place of Business
777 NW 72 AVENUE
1888
MIAMI FL 33126
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1548183**

Applied For

Not Applicable

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
777 NW 72 AVE
1888
MIAMI FL 33126

Name **TERNER SALOMON**

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

6701 NW 75T #125

City **MIAMI FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TERNER, SALOMON**
STREET ADDRESS **777 NW 72 AVE-1888**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **SALOMON TERNER (D)** ☒ Change ☐ Addition
NAME **6701 NW 75T**
STREET ADDRESS **MIAMI FLA. 33126**
CITY-ST-ZIP

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 **777 NW 72 AVE-1888**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **TERNER SALOMON**
STREET ADDRESS **6701 NW 75T #125**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/03 3052669000

CR2E034 (10/02)