

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610799

1. Entity Name

BIJOUX, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90101 023 ***150.00

Principal Place of Business

Mailing Address

27001 US HWY 19 N
 SUITE 1030
 CLEARWATER FL 34621

27001 US HWY 19 N
 SUITE 1030
 CLEARWATER FL 33761-3407



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

59-1977568

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

SCHAFER, WALTER L.
 2430 ESTANCIA BLVD
 SUITE 108
 CLEARWATER FL 33761

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)

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, 2000 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 SC ☐ Delete
 NAME CHANDIRAM, SARDJ
 STREET ADDRESS 5233 ENCLAVE DR
 CITY-ST-ZIP OLDSMAR FL 34677

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

TITLE VTD ☐ Delete
 NAME CHATANI, POKAR
 STREET ADDRESS 795 N BAYSHORE BLVD
 CITY-ST-ZIP SAFETY HARBOR FL

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

TITLE PDC ☐ Delete
 NAME CHANDIRAM, NARI
 STREET ADDRESS 5233 ENCLAVE DR
 CITY-ST-ZIP OLDSMAR FL 34677

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

TITLE DAS ☐ Delete
 NAME CHATANI, RAVI
 STREET ADDRESS 5233 ENCLAVE DRIVE
 CITY-ST-ZIP OLDSMAR FL 34677

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

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 Nari Chandiram Chatani 04/27/00 (727) 796 1163
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)