

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610799

1. Entity Name  
BIJOUX, INC.

Principal Place of Business

27001 US HWY 19 N  
SUITE 1030  
CLEARWATER FL 34624  
33761

Mailing Address

27001 US HWY 19 N  
SUITE 1030  
CLEARWATER FL 34624  
33761

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 59-1977568

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

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, 2001 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91139 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)