

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90189 034 ***150.00

DOCUMENT # L00000003753

1. Entity Name

~~NINE EAST FLAGLER, L.L.C.~~

Flagler Jewelry Center LLC

Principal Place of Business

Mailing Address

2 N.E. 1 STREET
 MIAMI FL 33132

2 N.E. 1 STREET
 MIAMI FL 33132

954767

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

APPLIED FOR

05-1008948

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATES, LESTER G ESQ.
 807 GABELS INTERNATIONAL PLAZA
 2655 LEJEUNE ROAD
 CORAL GABLES FL 33134

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	GOMEZ, ELIZABETH	2 NE 1 STREET	MIAMI FL 33132	<input type="checkbox"/>
MGRM	HORTA, DELIA	2 NE 1 STREET	MIAMI FL 33132	<input type="checkbox"/>
MGRM	SHERMAN, JEFF	168 NE 1 STREET, E803	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	Sherman, Jeff	168 S.E. 1 Street	Miami, FL 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	Sherman, Bertha	168 S.E. 1 Street	Miami, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*

4/22/02

305-375-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE