

2001 UNIFORM BUSINESS REPORT (UBR)

0028167 AF

DOCUMENT # L00000009859

1. Entity Name
DOLPHIN JEWELRY EXCHANGE, LLC

FILED

01 APR 26 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2612 SAWGRASS MILLS CIRCLE, SUITE 1511
SUNRISE FL 33323-2919

Mailing Address
P.O. BOX 612502
NORTH MIAMI BEACH FL 33261-2502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11401 NW 12 STREET

3. Mailing Address

Suite, Apt. #, etc.
454

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number
65-1032956

Applied For
Not Applicable

Zip
33172

Country
MIAMI-DOOR

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name
DAVID SILBERGLOIT

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

11456 SW 18CT

City
MIAMI

FL

Zip Code 33025

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

3/20/01

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D.I.T. GROUP, INC (MGR)
PO BOX 611622
N. MIAMI FL 33261

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
THE A GROUP HOLDINGS, INC (MGR)
PO BOX 630626
MIAMI FL 33163

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
DOLPHIN CORP (MGR)
251 JEFFERSON DR
CARSON CITY NV 89703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
8000041952
-05/11/01--01030--020
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: MICHAEL AZIZI
THE A GROUP HOLDINGS, INC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/23/01 305-682-8889
Date Daytime Phone #

CR2E083 (11/00)