

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90939 024 \*\*\*\*\*55.00

**DOCUMENT # L00000009859**

1. Entity Name

**DOLPHIN JEWELRY EXCHANGE, LLC**

Principal Place of Business

**11401 NW 12 STREET, SUITE 454  
 MIAMI FL 33172-2919**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**11401 NW 12TH St, #454**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

4. FEI Number

**65-1032956**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33172**

**U.S.A**

5. Certificate of Status Desired

☒

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SILBERGLEIT, DAVID  
 11456 SW 18 CT  
 MIRAMAR FL 33025**

7. Name and Address of New Registered Agent

Name **MICHAEL AZIZI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11401 NW 12TH STREET  
 SUITE #454  
 MIAMI FL 33172**

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

**MICHAEL AZIZI** *Michael Azizi*

**3/20/02**

**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 **MGR** ☒ Delete  
 NAME **D.I.T. GROUP, INC.**  
 STREET ADDRESS **P.O. BOX 611622**  
 CITY-ST-ZIP **N MIAMI FL 33261**

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

TITLE **MGR** ☐ Delete  
 NAME **THE A GROUP HOLDINGS, INC.**  
 STREET ADDRESS **P.O. BOX 630626**  
 CITY-ST-ZIP **MIAMI FL 33163**

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

TITLE **MGR** ☒ Delete  
 NAME **DOLPHIN CORP**  
 STREET ADDRESS **251 JERNELL DR**  
 CITY-ST-ZIP **CARSON CITY NV 89903**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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** *Michael Azizi* **THE A GROUP HOLDINGS, INC.** *Michael Azizi* **PRESIDENT** **305-470-1478**

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

Date **3/20/02**

Daytime Phone #

CR2E083 (9/01)