

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007136 AF

DOCUMENT # L00000010287

1. Entity Name  
SALOMON JEWELRY LLC

FILED

01 FEB 22 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2133 RENAISSANCE BLVD., UNIT 205  
MIRAMAR FL 33023

Mailing Address  
2133 RENAISSANCE BLVD., UNIT 205  
MIRAMAR FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1035459

Applied For

Not Applicable

Zip Country

33025

Zip Country

33025

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
MGR JOYAS, JOSE SALOMON  
STREET ADDRESS 2133 RENAISSANCE BLVD., UNIT 205  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE NAME  
MGR MONTUFAR-GARCIA, FERNANDO  
STREET ADDRESS 2133 RENAISSANCE BLVD., UNIT 205  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE NAME  
MGR RAMIREZ, JORGE ENRIQUE  
STREET ADDRESS 2133 RENAISSANCE BLVD., UNIT 205  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME  
JOSE SALOMON JOYA  
STREET ADDRESS  
CITY-ST-ZIP 33025

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 33025

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 33025

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP 200003768682--9  
-02/26/01--01148--016

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

02-01-2001

CR2E083 (11/00)