

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90047 008 ****55.00

DOCUMENT # L00000010287

1. Entity Name

SALOMON JEWELRY LLC

Principal Place of Business

**367 SW NORTH SHORE BLVD.
 PORT SAINT LUCIE FL 34986**

Mailing Address

**PO BOX 880245
 PORT SAINT LUCIE FL 34988**

977143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1035459**

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **JOSE, SALOMON J**
 STREET ADDRESS **2133 RENAISSANCE BLVD., UNIT 205**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **JOYA, Jose Salomon**
 STREET ADDRESS **367 SW NORTH SHORE BLVD**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **MGR** ☐ Delete
 NAME **MONTUFAR-GARCIA, FERNANDO**
 STREET ADDRESS **2133 RENAISSANCE BLVD., UNIT 205**
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **MGR** ☐ Change ☒ Addition
 NAME **MONTUFAR, FERNANDO**
 STREET ADDRESS **367 SW NORTH SHORE BLVD.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34986**

TITLE **MGR** ☒ Delete
 NAME **RAMIREZ, JORGE ENRIQUE**
 STREET ADDRESS **2133 RENAISSANCE BLVD., UNIT 205**
 CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE ☐ Delete
 NAME ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

08-20-2002

(772) 340-0947

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

Date

Daytime Phone #

CR2E083 (4/02)