

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90149 016 ****55.00

DOCUMENT # L010000200371. Entity Name
BIJOUX LLC

Principal Place of Business

**C/O RICHARD S. LEHMAN
SUITE 270, 2600 N. MILITARY TRAIL
BOCA RATON FL 33431**

Mailing Address

**C/O RICHARD S. LEHMAN
SUITE 270, 2600 N. MILITARY TRAIL
BOCA RATON FL 33431**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

75 3033 726

Applied For

Not Applicable

5. Certificate of Status Desired

XXC**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEHMAN, RICHARD S
SUITE 270, 2600 N. MILITARY TRAIL
BOCA RATON FL 33431**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Sylvia Sabarsky
2600 Island Blvd. # 501
N. Miami, FL 33160☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Miriam Sabarsky
2600 Island Blvd. # 501
N. Miami, FL 33160☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Alicia Sabarsky
2600 Island Blvd. # 501
N. Miami, FL 33160☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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.

(305)**SIGNATURE: Sylvia Sabarsky Sylvia Sabarsky, Managing Member 2/28/02 733.6664**

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

Date

Daytime Phone #

0015531

CR2E083 (9/01)