

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92183 032 ****55.00

DOCUMENT # L01000020037

1. 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
103 Valencia Blvd.
Suite, Apt. #, etc.

3. Mailing Address
c/o Amada Lopez Cantera
Suite, Apt. #, etc.
2300 Coral Way



☐ CHECK HERE IF MAKING CHANGES

City & State
Jupiter FL
Zip
33458
Country

City & State
Miami FL
Zip
33145
Country
DADE

4. FEI Number **75-3033726**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$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
FLORIDA ANNUAL REPORT SERVICE INC.
Street Address (P.O. Box Number is not A...)
2300 Coral Way, SUITE 200
City **Miami** FL **33145**

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

AMADA CANTERA LOPEZ, President

4-30-03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SABARSKY, SYLVIA	2600 ISLAND BLVD, #501	NORTH MIAMI FL 33160	<input type="checkbox"/>
MGRM	SABARSKY, MIRIAM	2600 ISLAND BLVD, #501	NORTH MIAMI FL 33160	<input type="checkbox"/>
MGRM	SABARSKY, ALICIA	2600 ISLAND BLVD, #501	NORTH MIAMI FL 33160	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **SYLVIA SABARSKY, MGRM OF BIJOUX LLC**
Sylvia Sabarsky, Managing Partner (305) 932-5909
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **01/10/03** Daytime Phone #

CR2E083 (10/02)