

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90005 017 ****50.00

DOCUMENT # L01000021175

1. Entity Name

P. GOODKIN FINE WATCHES & JEWELRY, LLC

Principal Place of Business

Mailing Address

THE BREAKERS. SOUTH COUNTY ROAD
PALM BEACH FL

THE BREAKERS. SOUTH COUNTY ROAD
PALM BEACH FL

2. Principal Place of Business

150 WORTH AVENUE

3. Mailing Address

718 New Jersey ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

Country

33480 U.S.

Zip

Country

33401 U.S.

4. FEI Number

65-1158588

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

GRAZI, LEIF J
217 EAST OCEAN BLVD.
STUART FL 34994

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		MGRM PAUL GOODKIN 718 NEW JERSEY ST WEST PALM BEACH, FL 33401	

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

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

9/23/02 561-651-7272

Date

Daytime Phone #

CR2E083 (4/02)