LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-03-2002 90038 018 ****55.00

DOCUMENT # L01000022483

1. Entity Name

PHOENIX F&B JEWELRY MFG., LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1499 NW 79th Street	21 S.E. 1st Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6th Floor
City & State Miami, Fl	City & State Miami, Fl
Zip 33126 Country USA	Zip 33131 Country USA

DO NOT WRITE IN THIS SPACE

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4. FEI Number 26-0002468 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Salomon Bendayan

Street Address (P.O. Box Number is Not Acceptable) 21 S.E. 1st Avenue 6th Floor

City Miami FL Zip Code 33131

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 S. Bendayan DATE 5/15/02
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	President
NAME	Salomon Bendayan
STREET ADDRESS	21 SE 1st Avenue 6th Floor
CITY-ST-ZIP	Miami, Fl 33131
TITLE	Vice President
NAME	Ira Nusbaum
STREET ADDRESS	4101 Pinetree Drive #1804
CITY-ST-ZIP	Miami Beach, Fl 33140
TITLE	Director of Sales
NAME	Fred Nusbaum
STREET ADDRESS	9300 Southwest 83rd Street
CITY-ST-ZIP	Miami, Fl 33173
TITLE	Officer
NAME	Thomas Flitsch
STREET ADDRESS	Sachsenstr 32
CITY-ST-ZIP	Pforzheim, Germany 75177
TITLE	Director of Product Development
NAME	Alisa Bendayan
STREET ADDRESS	9341 East Bay Harbor Drive PH D
CITY-ST-ZIP	Bay Harbour, Fl 33154
TITLE	Director of Operations
NAME	Ian Hagen
STREET ADDRESS	3901 N. Country Club Drive #711
CITY-ST-ZIP	Aventura, Fl 33180

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CR2E083B (12/01)

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: S. Bendayan Salomon Bendayan 2-18-2002 (305) 375-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #