

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


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

05-05-2003 92183 031 \*\*\*\*55.00

0029096

**DOCUMENT # L02000000227**

1. Entity Name  
**1400 PLAZA ASSOCIATES LLC**



Principal Place of Business  
**C/O RICHARD S. LEHMAN  
STE. 270. 2600 N. MILITARY TRAIL  
BOCA RATON FL 33431**

Mailing Address  
**C/O RICHARD S. LEHMAN  
STE. 270. 2600 N. MILITARY TRAIL  
BOCA RATON FL 33431**

2. Principal Place of Business  
**103 Valencia Blvd.**

3. Mailing Address  
**40 Amada Lopez Cantera**

Suite, Apt. #, etc.  
**2300 Coral Way**

City & State  
**Jupiter FL**

City & State  
**Miami, FL**

Zip  
**33458**

Zip  
**33145**

Country  
**DADE**

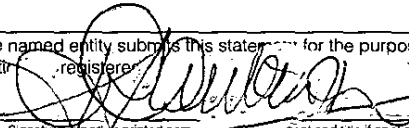


☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**LEHMAN, RICHARD S  
STE. 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, Not Applicable)  
**2300 Coral Way, SUITE 200**  
City  
**Miami** FL Zip  
**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 obligation to register.

SIGNATURE  **AMADA CANTERA LOPEZ, President** DATE **4-30-03**

Signature, typed or printed name Agent and title if applicable (NOTE: Registered Agent sign reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BIJOUX LLC C/O 2600 N. MILITARY TRAIL #270 BOCA RATON FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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** **its Managing Partner** 01/10/03 (305) 932-5909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)