

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90001 042 ****50.00

DOCUMENT # L02000001558

1. Entity Name

JEWELRY RESERVE.COM, LLC



Principal Place of Business

Mailing Address

~~169 EAST FLAGLER STREET~~ **6005 ALTON RD** ~~169 EAST FLAGLER STREET~~
~~SUITE 800~~ ~~SUITE 800~~ **Same**
~~MIAMI FL 33131~~ **Miami Beach, FL** ~~MIAMI FL 33131~~
33140

2. Principal Place of Business

3. Mailing Address

6005 ALTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

Zip

Country

Zip

Country

33140

U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTIA, GUY

~~169 EAST FLAGLER STREET~~ **6005 ALTON RD**
~~SUITE 800~~
~~MIAMI FL 33131~~ **Miami Beach, FL**
33140

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRES.** ☐ Delete
NAME **Guy ATTIA**
STREET ADDRESS **6005 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH, FL, 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

Mark - 10-03 305 725 6093

CR2E083 (10/02)