

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002191**

1. Entity Name
B&R JEWELRY, L.C.

Principal Place of Business
**9100 N.W. 36TH STREET, SUITE 108
MIAMI FL 33178**

Mailing Address
**9100 N.W. 36TH STREET, SUITE 108
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0858269**

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

**CHENKING, DAVID A ESQ.
8551 WEST SUNRISE BLVD., SUITE 208
PLANTATION FL 33322**

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FIOR INDUSTRIES, INC.
9100 NW 36TH STREET, #108
MIAMI FL 33178** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900003675739--2
-02/13/01--01018--010** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOLFE, RICHARD
363 PALM BLVD.
WESTON FL 33362** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*******50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DANILO FIOR
9100 NW 36TH ST, #108
MIAMI FL 33178** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
AGNESE RIOR
9100 NW 36TH ST #108
MIAMI FL 33178** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Date

Daytime Phone #

2/2/01 305-477-4383

APPROVED
AND
FILED

01 FEB -5 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)