

2001 UNIFORM BUSINESS REPORT (UBR)

0028195 AF

DOCUMENT # **L98000002402**

1. Entity Name

~~R.C.M. CREATIONS, LLC~~

PONTE VECCHIO JEWELERS, LLC

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18705-BISGAYNE-BLVD- BOOTH 4
AVENTURA FL 33180

Mailing Address

P.O. BOX 15278
PLANTATION FL 33318



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

PONTE VECCHIO Jewelers LLC

3. Mailing Address

Suite, Apt. #, etc.

4096, PGA BLVD

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

Zip

33410

Country

Zip

Country

4. FEI Number

39-1944034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUGH, PAUL V

1860 N. PINE ISLAND ROAD, SUITE 104

PLANTATION FL 33322

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLEIN, LOUIS
P.O. BOX 15278
PLANTATION FL 33318** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KLEIN, ANNA
P.O. BOX 15278
PLANTATION FL 33318** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GIOIELLERIA ITALIANA, LLC
169, E. FLAGLER-Suite 942
MIAMI, FL, 33131** ☐ Change ☒ Addition

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

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

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

TITLE
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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 OF LOUIS KLEIN-MGRM 04-23-01 - (561) 330-4400

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

Date

Daytime Phone #

CR2E083 (11/00)