

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003333

1. Entity Name

1- 888- Watches, L.L.C.

FILED

01 MAY 24 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

14001 NW 4th St.
SUNRISE, FL 33325

Mailing Address

← SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

484943438

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Registered Agents of Florida LLC
100 S.E. 2nd Street- Suite 3500
Miami, Florida 33131

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	<input type="checkbox"/> Delete
President, Director	Lipton, Alan	14001 N.W. 4th Street	Sunrise, FL 33325	<input type="checkbox"/>
Vice President, Director	Kornblum, Jeffrey	14001 N.W. 4th Street	Sunrise, FL 33325	<input type="checkbox"/>
Treasurer, Director	Kornblum, Amerisa	14001 N.W. 4th Street	Sunrise, FL 33325	<input type="checkbox"/>
Secretary	ARRASCAETA, Grace	14001 N.W. 4th Street	Sunrise, FL 33325	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

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 #

(954) 835-2233

CR2E083 (11/00)