

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90598 022 ****50.00

DOCUMENT # L98000003333

1. Entity Name

1-888-WATCHES, L.L.C.

Principal Place of Business

**14001 NW 4TH ST
SUNRISE FL 33325**

Mailing Address

**14001 NW 4TH ST
SUNRISE FL 33325**

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

48-4943438

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**REGISTERED AGENTS OF FLORIDA LLC
100 SE 2ND ST
SUITE 3500
MIAMI FL 33131**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**FD,
LIPTON, ALAN**

☐ Delete

**14001 NW 4TH ST
SUNRISE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPO,
KORNBLUM, JEFFREY**

☐ Delete

**14001 NW 4TH ST
SUNRISE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
KORNBLUM, AMERISA**

☐ Delete

**14001 NW 4TH ST
SUNRISE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
ARRASCAETHA GRACE**

☐ Delete

**14001 NW 4TH ST
SUNRISE FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

2 954-835-2233

CR2E083 (9/01)