2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # P00000003312 1. Entity Name 02-07-2002 90162 031 ***150.00 BLEICHER FINE JEWELRY, INC. Mailing Address Principal Place of Business 185 E. INDIANTOWN 185 E. INDIANTOWN STE. 122C STE. 122C JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0980018 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BLEICHER, CHARLES W** Street Address (P.O. Box Number is Not Acceptable) 11 LAIRD LANE JUPITER FL 33458 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITLE Change **BLEICHER, CHARLES W** NAME NAME 11 LAIRD LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete TITLE Change ☐ Addition NAME BLEICHER, HELENE NAME STREET ADDRESS STREET ADDRESS 11 LAIRD LANE CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director

of the corporation or the rece changed, or on an attachme

with an address, with all other like e

ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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