

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000087882**

1. Entity Name

CONTINENTAL JEWELRY DISTRIBUTORS, INC.

FILED

02 OCT -4 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01150034



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2856 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306Mailing Address
2856 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

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

48-1270753

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEMAN, ALEXANDRA V
2856 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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

5860 Town Bay Drive Unit 126

City Boca Raton

FL

Zip Code 33486

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. I am familiar with, and accept the obligation

SIGNATURE

Edward Tellerman

9/27/02

Signature typed or printed name of registered agent and date of signature

Agent signature required when reinstating

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE President
NAME Jip Tellerman Yee
STREET ADDRESS 74 Salmons Hollow Rd
CITY-ST-ZIP Brewster, NY 10509 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jip Tellerman Yee

8/23/02

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2ED34 (4/02)