


FILED  
May 29, 2003 8:00 am  
Secretary of State

05-01-2003 90821 039 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

5/17

55044395

<b>DOCUMENT #</b> P02000000597			
<b>1. Entity Name</b> MICHAEL KOEN FINE JEWELERS, INC.			
<b>Principal Place of Business</b> 6621 GATEWAY AVE. SARASOTA FL 34231		<b>Mailing Address</b> 6621 GATEWAY AVE. SARASOTA FL 34231	
<b>2. Principal Place of Business</b> 2161 Siesta Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2161 Siesta Dr. Suite, Apt. #, etc.	
<b>City &amp; State</b> SARASOTA, FL		<b>City &amp; State</b> SARASOTA, FL	
<b>Zip</b> 34239		<b>Zip</b> 34239	
<b>Country</b> SARASOTA		<b>Country</b> SARASOTA	
<b>4. FEI Number</b> 300004975		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTBERA, P.A. 1840 SW 22 ST., 4TH FL MIAMI FL 33145		<b>7. Name and Address of New Registered Agent</b> Name: Brenda WOOD Street Address (P.O. Box Number is Not Acceptable): 4509 Bee Ridge Road Suite C City: SARASOTA FL Zip Code: 34232	
<b>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 obligations of registered agent.</b> SIGNATURE: Brenda S. Wood (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> DPT <input type="checkbox"/> Delete <b>NAME</b> KOEN, MICHAEL <b>STREET ADDRESS</b> 6621 GATEWAY AVE. <b>CITY-ST-ZIP</b> SARASOTA FL 34231		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> 50% equal owners	
<b>TITLE</b> DVS <input type="checkbox"/> Delete <b>NAME</b> DANZIG, KIMBERLY <b>STREET ADDRESS</b> 6621 GATEWAY AVE. <b>CITY-ST-ZIP</b> SARASOTA FL 34231		<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> 50%	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> Kimberly D. Danzig 4/30/03 941-316-9340 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/02)