

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90139-001-\$150.00-\$150.00

0082770
AV

DOCUMENT # P02000115149

1. Entity Name
AVENTURA JEWELRY EXCHANGE, INC.



FILED

03 SEP 26 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
18861 BISCAYNE BLVD STE 6
AVENTURA FL 33180

Mailing Address
18861 BISCAYNE BLVD STE 6
AVENTURA FL 33180

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
04-3774838

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PODLOG, MISHA
375 POINCIANA ISLAND DR
SUNNY ISLES BCH FL 33160**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	Misha Podlog	<input type="checkbox"/>
NAME	18861 Biscayne Blvd Ste 6	
STREET ADDRESS	Aventura FL 33180	
CITY-ST-ZIP		
TITLE	Michael Freiman	<input type="checkbox"/>
NAME	Sams	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VP	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	Pres	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: _____ **DATE REQUIRED** _____ **SEP 05 2003 305 933 2046** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (4/03)

ATTACHMENT
P02000115149
80145100

September 5th, 2003

To whom it may concern:

We are a new company. We never received the original invoice for the filing fees. We understand that it only costs \$150 and ask that you waive the penalty. We are located in a busy jewelry exchange and it is possible that someone else picked up the original invoice. Could you please change the address to the Registered Agent.

Thank you,



Misha Podlog