

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90034 026 ***150.00

DOCUMENT # P95000056393

1. Corporation Name

BLUE NILE MARKET, INC.

Principal Place of Business

3221 N.W. 75TH TERRACE
#1
HOLLYWOOD FL 33024

Mailing Address

3221 N.W. 75TH TERRACE
#1
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

65-0602844

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3221 N.W. 75TH TERRACE

2a. Mailing Address

26 3221 N.W. 75TH TERRACE

Suite, Apt. #, etc.

22 #1

Suite, Apt. #, etc.

27 #1

City & State

23 HOLLYWOOD

City & State

28 HOLLYWOOD

Zip

24 FL 3302

Country

25 BROWARD

Zip

29 FL

Country

30 BROWARD

9. Name and Address of Current Registered Agent

MUSA, MUTASIM
800 N. MIAMI AVE.
#910 E
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

MUSA - MUTASIM

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

83 7400 STIRLING RD. #627

84 City

HOLLYWOOD

FL

85 Zip Code

33024

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MUDA, MUTASIM
STREET ADDRESS 800 NORTH MIAMI AVENUE, 910E
CITY-ST-ZIP MIAMI FL 33136 ☒ DELETE

TITLE VD
NAME MUSA, MUTASIM
STREET ADDRESS 800 NORTH MIAMI AVENUE, #910E
CITY-ST-ZIP MIAMI FL 33136 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MUSA - KHALID
1.3 STREET ADDRESS 7400 STIRLING RD #627
1.4 CITY-ST-ZIP HOLLYWOOD - FL 33024

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME MUSA - MUTASIM
2.3 STREET ADDRESS 7400 STIRLING RD. #627
2.4 CITY-ST-ZIP HOLLYWOOD. FL 33024

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MUSA 9-77 712-1000

2-15-99

(954) 436 2320

CR2E034 (11/98)