

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056393

1. Entity Name

BLUE NILE MARKET, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90299 045 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3221 N.W. 75TH TERRACE

3. Mailing Address

3221 N.W. 75TH TERRACE

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

HOLLYWOOD

City & State

HOLLYWOOD FL

Zip

FL 33024

Country

FLORIDA

Zip

FL 33024

Country

FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0602844

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSA, MUTASIM

7400 STIRLING RD

#627

HOLLYWOOD FL 33024

Name

Sue

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

Sue

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.

SIGNATURE MUTASIM MUSA

OWNER VD

2-22-2001

Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 PD ☐ Delete
NAME MUSA, KHALID
STREET ADDRESS 7400 STIRLING RD #627
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition
NAME Sue
STREET ADDRESS Sue
CITY-ST-ZIP Sue

TITLE VD ☐ Delete
NAME MUSA, MUTASIM
STREET ADDRESS 7400 STIRLING RD #627
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition
NAME Sue
STREET ADDRESS Sue
CITY-ST-ZIP Sue

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: MUTASIM MUSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2001

Date

Daytime Phone #

(954) 4362326

CR2E034 (10/00)