

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90271 026 ***150.00

0680037 FP

DOCUMENT # P95000056393

1. Entity Name
BLUE NILE MARKET, INC.



Principal Place of Business
3221 N.W. 75TH TERRCE
#1
HOLLYWOOD FL 33024

Mailing Address
3221 N.W. 75TH TERRCE
#1
HOLLYWOOD FL 33024

11018368



2. Principal Place of Business

3. Mailing Address

3221 N.W. 75TH TERRCE

3221 N.W. 75TH TERRCE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

#1

City & State

City & State

Hollywood

Hollywood

Zip

Country

Zip

Country

FL

33024

FL

33024

4. FEI Number **65-0602844**

☒ Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSA, MUTASIM
4164 INVERRY DR
#413
LAUDERHILL FL 33319

Name **MUSA, MUTASIM**
Street Address (P.O. Box Number is Not Acceptable)
4164 INVERRY DR
#413
City **LAUDERHILL** FL Zip Code **33319**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MUSA, KHALID**
STREET ADDRESS **4164 INVERRY DR # 413**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **P.D** ☐ Change ☐ Addition
NAME **MUSA, KHALID**
STREET ADDRESS **4164 INVERRY DR #413**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **VD** ☐ Delete
NAME **MUSA, MUTASIM**
STREET ADDRESS **4164 INVERRY DR # 413**
CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **V.P** ☐ Change ☐ Addition
NAME **MUSA, MUTASIM**
STREET ADDRESS **4164 INVERRY DR #413**
CITY-ST-ZIP **LAUDERHILL FL 33319**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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)(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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2003

Date

(954) 714-6606

Daytime Phone #

CR2E034 (10/02)