

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90047 015 ***150.00

DOCUMENT # P97000080196

1. Entity Name

B.I.J. DIAMONDS, INC.

Principal Place of Business

18861 BISCAYNE BLVD
 BOOTH 6A
 N MIAMI BCH FL 33180

Mailing Address

C/O PEREZ BEHAR & ASSOC. INC
 14730 NE 10TH AVE
 N MIAMI FL 33161-2454

2. Principal Place of Business

3. Mailing Address

PEREZ BEHAR & ASSOC., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
**13935 NW 1st AVENUE
 MIAMI, FLORIDA 33168**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0779841

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEREZ BEHAR & ASSOCIATES, INC.
 14730 NE 10TH AVE.
 N. MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **PEREZ BEHAR & ASSOC., P.A.**

Street Address (Box Number is Not Applicable)
**13935 NW 1st AVENUE
 MIAMI, FLORIDA 33168**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sandra Perez / Pres.

4/3/00

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NEKTALOV, BORIS	2500 PARKVIEW DR., SUITE 2021	HALLANDALE FL 33009	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Boris Nektalov

Date

4/3/00

Daytime Phone #

(305) 935-6114

CR2E034 (9/99)