

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 526232

1. Entity Name

ASSOCIATED JEWELRY, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90077 023 \*\*\*150.00

Principal Place of Business

36 N.E. 1ST STREET  
SEYBOLD BUILDING, SUITE 309  
MIAMI FL 33132

Mailing Address

36 N.E. 1ST STREET  
SEYBOLD BUILDING, SUITE 309  
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1846512

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

RUBIN, JONATHAN R.  
DADELAND TOWERS NO  
9200 SO DADELAND BLVD SUITE 603  
MIAMI FL 33156

Name RUBIN, JONATHAN R. (same agent)

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

City CORAL GABLES

FL

Zip Code 33134

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

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 VD  
NAME CHIN-A-YOUNG, ANTHONY L.  
STREET ADDRESS 13400 SW 108 PLACE  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PDC  
NAME CHIN-A-YOUNG, NORMA  
STREET ADDRESS 13400 S.W. 108 PL  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE TD  
NAME CHIN-A-YOUNG, NICHOLAS  
STREET ADDRESS 13400 SW 108 PL  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE SD  
NAME CHIN-A-YOUNG, KAREN  
STREET ADDRESS 13400 SW 108 PL  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ Addition  
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: *Norma L. Chin-A-Young* NORMA L. CHIN-A-YOUNG

3.19.2001

305-3796921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)