

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

0092046

DOCUMENT # 744400

1. Entity Name

JEWISH JEWELS, INC.

04-23-2001 90030 013 ****61.25

Principal Place of Business

Mailing Address

7264 W. OAKLAND PK BLVD.
 FT. LAUDERDALE FL 33313
 US

7264 W. OAKLAND PK BLVD.
 FT. LAUDERDALE FL 33338
 US

2. Principal Place of Business

3. Mailing Address

7290 W. Oakland Park Blvd
 Suite, Apt. #, etc.

7290 W. Oakland Park Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE FL

4. FEI Number

59-1852741

Applied For

Not Applicable

Zip

Country

Zip

Country

33313

33313

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

LASH, NEIL A
 1310 NW 76TH AVE
 PLANTATION FL 33322

Name

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

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

Neil A. Lash

Neil A. Lash

4/15/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASH, NEIL 1310 NW 76TH AVE PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LASH, MRS. JAMIE 1310 NW 76TH AVE PLANTATION FL 33322	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOELNER, HARVEY 5317 MYRLTLE TERR. PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMBO, EDWARD 3901 NORTH PARK RD. HOLLYWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUGE, CHARLES 6825 BRIAR LAKE CIR PALM BCH GARDENS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIBIS, MARK 1950 SOUTH OCEAN DR HALLANDALE FL	<input type="checkbox"/> Delete

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil A. Lash

Neil A. Lash 4/15/01 (934) 915-9899

Date

Daytime Phone #

CR2E037 (10/00)