2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State
01-30-2002 90103 002 ***150.00

031203S AV

DOCUMENT # F80526

1. Entity Name
PAYLESS JEWELRY #3, INC.

Principal Place of Business	Mailing Address
945 WEST SUNRISE FORT LAUDERDALE FL 33311 US	% DAVID R FARBSTEIN, ESQ. ~~2765 W CYPRESS CREEK RD STE D~~ ~~FT LAUDERDALE FL 33309~~

2. Principal Place of Business		3. Mailing Address	
		8010 N. Univ. Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: 2nd Floor	
City & State		City & State: Tamarac, Fl.	
Zip	Country	Zip: 33321	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2193774 ☐ 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
FARBSTEIN, DAVID R., ESQ. ~~2765 W CYPRESS CREEK RD STE D~~ ~~FT LAUDERDALE FL 33309~~	Name: DAVID R. FARBSTEIN, ESQ. Street Address (P.O. Box Number is Not Acceptable): 8010 N. Univ. Dr., 2nd Fl. City: Tamarac FL Zip Code: 33321

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] 1/9/02
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, 2002 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	PDS ☐ Delete	TITLE	PDS ☐ Change ☐ Addition
NAME	DIMATTINA, ROBERT A	NAME	DIMATTINA, ROBERT A.
STREET ADDRESS	~~621 MOCKINGBIRD LANE~~	STREET ADDRESS	14351 Sunset Lane
CITY-ST-ZIP	~~PLANTATION, FL 00000~~	CITY-ST-ZIP	Southwest Ranches, Fl 33330
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: SIGNATURE REQUIRED [signature] 1/14/2002 (954) 954-7289390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #