

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90040 026 \*\*\*150.00

80008675



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J62974**

1. Entity Name  
**E.S.L. JEWELERS, INC.**

Principal Place of Business <b>36 NE 1 STR. STE 532          MIAMI FL 33132          US</b>	Mailing Address <b>36 NE 1 STR. STE 532          MIAMI FL 33132-2419          US</b>
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2. Principal Place of Business <b>36 NE 1st St # 300</b> Suite, Apt. #, etc. <b>Miami FL 33132</b> City & State	3. Mailing Address <b>36 NE 1st St # 300</b> Suite, Apt. #, etc. <b>MIAMI, FL 33132</b> City & State
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4. FEI Number <b>59-2786576</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**MARKS, KIM**  
**12937 BANYAN ROAD**  
**NORTH MIAMI FL 33181-2409**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME <b>DP LEVY, ELI</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>9325 CARLYLE AVE</b>	
CITY-ST-ZIP <b>SURFSIDE FL</b>	
TITLE NAME <b>DV LEVY, SHARON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>9325 CARLYLE AVE</b>	
CITY-ST-ZIP <b>SURFSIDE FL</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *Sharon Levy* **REQUIRED** **1/21/00** **305-374-2519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)