

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90213 043 \*\*\*150.00

**DOCUMENT # K93574**

1. Entity Name  
**LUANY JEWELERS II, INC.**



Principal Place of Business  
**300 SW 107TH AVENUE  
SUITE 105  
SWEETWATER FL 33174**

Mailing Address  
**300 SW 107TH AVENUE  
SUITE 105  
SWEETWATER FL 33174**



2. Principal Place of Business  
**300 SW 107 Ave**

3. Mailing Address  
**300 SW 107 Ave**

Suite, Apt. #, etc.  
**Suite 101-102**

Suite, Apt. #, etc.  
**Suite # 101-102**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33174**

Country

Zip  
**33174**

Country

4. FEI Number **65-0133814**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MARBAN, EDILBERTO O.  
782 N.W. LEJEUNE RD.  
SUITE 350  
MIAMI FL 33126**

**7. Name and Address of New Registered Agent**

Name **NEIT R. OJEDA**

Street Address (P.O. Box Number is Not Acceptable)  
**7900 SW. 26 ST**

**MIAMI**

City **MIAMI**

**FL**

Zip Code  
**33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **PSDT**  
STREET ADDRESS **OJEDA, NEIT R**  
CITY-ST-ZIP **7900 S.W. 26TH STREET  
MIAMI FL 33155**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **TANA OJEDA**  
STREET ADDRESS **7900 SW 26 St.**  
CITY-ST-ZIP **MIAMI, FL 33155**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 607, 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

Date

Daytime Phone #

**4-15-03 (300) 221-1564**

CR2E034 (10/02)