

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040695

1. Entity Name

JEWELRY BY VALDO, CORPORATION

Principal Place of Business

4000 NW 7TH STREET STE 5  
MIAMI FL 33126

Mailing Address

4000 NW 7TH STREET STE 5  
MIAMI FL 33126

2. Principal Place of Business

2300 Griffin Rd  
Suite, Apt. #, etc.  
Lote # 144

3. Mailing Address

2300 Griffin Rd  
Suite, Apt. #, etc.  
Lote # 144

City & State  
Fort Lauderdale, Fla.

Zip  
33312

Country  
USA

City & State  
Fort Lauderdale, Fla.

Zip  
33312

Country  
USA

4. FEI Number  
# 65-1005576

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALAREZO, ANGEL C  
4000 NW 7TH STREET STE 5  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name  
VALAREZO, ANGEL C  
Street Address (P.O. Box Number is Not Acceptable)  
2300 Griffin Rd Lote # 144  
City Fort Lauderdale FL Zip Code 33312

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)

05-14-01

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

|                                                |                                                                 |                                            |
|------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VALAREZO, ANGEL C<br>4000 NW 7TH STREET STE 5<br>Miami FL 33126 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                                                     |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Valarezo, Angel Camilo<br>2300 Griffin Rd. lote #144<br>Fort Lauderdale Fla. 33312     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice-President<br>Dominguez, Ana Maria<br>2300 Griffin Rd. lote # 144<br>Fort Lauderdale Fla. 33312 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>Dominguez, Ana Maria<br>2300 Griffin Rd. lote # 144<br>Fort Lauderdale Fla. 33312      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01 (305) 687-1617

Date Daytime Phone #

FILED  
May 21, 2001 8:00 am  
Secretary of State

04-30-2001 90342 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)