

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/28/1

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90019 015 \*\*\*150.00

**DOCUMENT # P98000089269**

1. Entity Name  
**AMERI-CASH JEWELRY CORPORATION**

Principal Place of Business      Mailing Address  
**41 EAST 44TH STREET      41 EAST 44TH STREET**  
**HIALEAH FL 33013      HIALEAH FL 33013**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0869817**      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

**JIMENEZ, HECTOR J**  
**41 EAST 44TH STREET**  
**HIALEAH FL 33013**

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	JIMENEZ, HECTOR J	41 EAST 44TH STREET	HIALEAH FL 33013	<input type="checkbox"/>	<input type="checkbox"/>
TD	HERNANDEZ, MARITZA	41 EAST 44TH STREET	HIALEAH FL 33013	<input type="checkbox"/>	<input type="checkbox"/>
SD	ALFONSO, JOSE L	41 EAST 44TH STREET	HIALEAH FL 33013	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]*      Date: **1/11/01**      Daytime Phone #: **305-821-8999**

CR2E034 (10/00)