

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 05-08-2000 90003 015 \*\*\*150.00

**DOCUMENT # P99000093213**

1. Entity Name  
**EZ - JEWELRY DESIGN INC.**

Principal Place of Business	Mailing Address
934 N. UNIVERSITY DR., #415 CORAL SPRINGS FL 33071	934 N. UNIVERSITY DR., #415 CORAL SPRINGS FL 33071-7029

**951325**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
934 N University Suite, Apt. #, etc. #415 City & State Coral Springs, FL Zip 33071 Country Broward	934 N. University Suite, Apt. #, etc. 415 City & State Coral Springs, FL Zip 33071 Country Broward

4. FEI Number **65-0958279**  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHEATOM, CELESTE**  
 1655 NW 91ST AVE #511  
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent  
 Name **Cheatom Celeste**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1655 NW 91st # 511**  
 City **Coral Springs FL** Zip Code **33071**

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 *Celeste Cheatom*  
 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>President</b> <b>Josefina Fermin</b> <b>934 N. University Dr # 415</b> <b>Coral Springs</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President</b> <b>Celeste Cheatom</b> <b>1655 NW 91st # 511 Coral Springs</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ANIESKA Garcia</b> <b>(Treasurer)</b> <b>934 N. University #415</b> <b>Coral Springs</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 empowerments.

SIGNATURE: *Celeste Cheatom*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-2000** Daytime Phone # **954 575-9539**

CR2E034 (9/99)