

2000 UNIFORM BUSINESS REPORT (UBR)

5/11/00

FILED
May 19, 2000 8:00 am
Secretary of State

05-01-2000 90381 042 ***150.00

DOCUMENT # P99000105017

1. Entity Name

A.B.A. JEWELRY, INC.

Principal Place of Business

Mailing Address

14730 NE 10TH AVE
 N. MIAMI FL 33161

14730 NE 10TH AVE
 N. MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

13935 NW 1st Ave

PEREZ BEHAR & ASSOC., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13935 NW 1st AVENUE
 MIAMI, FLORIDA 33168

City & State

City & State

Miami, FL

Zip 33168

Country USA

Zip

Country

4. FEI Number

65-0963462

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

PEREZ, BEHAR & ASSOCIATES, P.A.
 14730 N.E. 10TH AVE
 N. MIAMI FL 33161

PEREZ BEHAR & ASSOC., P.A.
 13935 NW 1st AVENUE
 MIAMI, FLORIDA 33168

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sandra Perez / Pres.

4/3/00

9. This corporation is eligible to satisfy its tangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PINKHASOV, ABOKHAY	
STREET ADDRESS	4101 PINETREE DR. #725	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PINKHASOV, ANNA	
STREET ADDRESS	4101 PINETREE DR. #725	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramon Perez	
STREET ADDRESS	13935 NW 1st Ave.	
CITY-ST-ZIP	Miami, FL. 33168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Ramon Perez / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/3/00 305 688-9694

Daytime Phone #

0000105017