

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 526232

1. Entity Name

ASSOCIATED JEWELRY, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90077 023 ***150.00

Principal Place of Business

36 N.E. 1ST STREET
SEYBOLD BUILDING, SUITE 309
MIAMI FL 33132

Mailing Address

36 N.E. 1ST STREET
SEYBOLD BUILDING, SUITE 309
MIAMI FL 33132

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 **59-1846512**

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

RUBIN, JONATHAN R.
DADELAND TOWERS NO
9200 SO DADELAND BLVD SUITE 603
MIAMI FL 33156

Name **RUBIN, JONATHAN R.** (same agent)

Street Address (P.O. Box Number is Not Acceptable)
536 BILTMORE WAY

City **CORAL GABLES**

FL

Zip Code **33134**

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

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	VD	☐ Delete
NAME	CHIN-A-YOUNG, ANTHONY L.	
STREET ADDRESS	13400 SW 108 PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PDC	☐ Delete
NAME	CHIN-A-YOUNG, NORMA	
STREET ADDRESS	13400 S.W. 108 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☐ Delete
NAME	CHIN-A-YOUNG, NICHOLAS	
STREET ADDRESS	13400 SW 108 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ Delete
NAME	CHIN-A-YOUNG, KAREN	
STREET ADDRESS	13400 SW 108 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Norma L. Chin-A-Young* NORMA L. CHIN-A-YOUNG

3.19.2001

305-3796921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)