

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90062 027 \*\*\*150.00

**DOCUMENT # P95000068125**

1. Entity Name  
**BUCHWALD JEWELERS, INC.**

Principal Place of Business

**36 N.E. 1ST ST., STE. 123  
 MIAMI FL 33132**

Mailing Address

**36 N.E. 1ST ST., STE. 123  
 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 **65-0607167**

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

**BUCHWALD, ROBERT  
 36 N.E. 1ST ST., STE. 123  
 MIAMI FL 33132**

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 \_\_\_\_\_ (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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHWALD, ROBERT</b>	
STREET ADDRESS	<b>36 N.E. 1ST ST., STE. 123</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHWALD, JEFFREY</b>	
STREET ADDRESS	<b>36 N.E. 1ST ST., STE. 123</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUCHWALD, MARC</b>	
STREET ADDRESS	<b>36 N.E. 1ST ST., STE. 123</b>	
CITY-ST-ZIP	<b>MIAMI FL 33132</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert Buchwald 1/12/02 305-373-5283  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)