

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744400

Entity Name: JEWISH JEWELS, INC.

Current Principal Place of Business:

10112 W. OAKLAND PARK BLVD
SUNRISE, FL 33351

Current Mailing Address:

10112 W. OAKLAND PARK BLVD
SUNRISE, FL 33351 US

FEI Number: 59-1852741

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LASH, NEIL A
7543 FAIRFAX DR.
TAMARAC, FL 33321 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name LASH, NEIL
Address 7543 FAIRFAX DR.
City-State-Zip: TAMARAC FL 33321

Title STD
Name LASH, MRS. JAMIE
Address 7543 FAIRFAX DR.
City-State-Zip: TAMARAC FL 33321

Title D
Name GEORGE, MONTIERO
Address 7554 BLACK OLIVE WAY
City-State-Zip: TAMARAC FL 33321

Title D
Name HILBURN, RICHARD
Address 1182 41ST AVE NE
City-State-Zip: ST PETERSBURG FL 33703

Title D
Name KLUGE, CHARLES
Address 2231 THREE RIVERS DR
City-State-Zip: ORLANDO FL 32828

Title D
Name CHIBIS, MARK
Address 1950 SOUTH OCEAN DR
City-State-Zip: HALLANDALE FL 33009

Title D
Name VITKUS, JOSEPH
Address 4751 NW 24TH CT.
City-State-Zip: FORT LAUDERDALE FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERYL CAMPO

ADMINISTRATOR

03/08/2018

Electronic Signature of Signing Officer/Director Detail

Date