

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 334998

1. Entity Name

STREIFF JEWELRY CO INC

Principal Place of Business

ONE N.E. 1ST STREET
SUITE 324
MIAMI FL 33132

Mailing Address

ONE N.E. 1ST STREET
SUITE 324
MIAMI FLA 33132-2430

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

59-1226780

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

BLOCK, ANDREW
19904 NE 19 PLACE
N MIAMI BCH FL 33179

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	BLOCK, LEONARD	7420 BEACHVIEW DR	NORTH BAY VILLAGE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	BLOCK, ANDREW	19904 NE 19 PL	NO. MIAMI BCH FL 33179	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	BLOCK, ANDREW	19904 NE 19 PL	NO. MIAMI BCH FL 33179	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BLOCK, HOWARD	1271 STILLWATER DR	MIAMI BCH FL 33141	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90025 004 ***150.00



DO NOT WRITE IN THIS SPACE

CF2E034 (9/99)