

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 537550

1. Entity Name

MAYER'S JEWELRY CO. OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

2002 GRANT ST.
HOLLYWOOD FL 33020-0546

2002 GRANT ST.
HOLLYWOOD FL 33020-3546

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

13-2732794

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

ZIEFER, MAYER
1425 DIPLOMAT PKWY.
HOLLYWOOD FL 33019

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 PD
STREET ADDRESS ZIEFER, MAYER
CITY-ST-ZIP 1425 DIPLOMAT PARKWAY
HOLLYWOOD FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME DV
STREET ADDRESS ZIEFER, SAMUEL
CITY-ST-ZIP 10175 COLLINS AVE #1601
BAL HARBOUR FL 33154

☐ Delete

TITLE
NAME Samuel ZIEFER
STREET ADDRESS 187 Bal Cross Drive
CITY-ST-ZIP Bal Harbour, FL 33154

☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS GAYER, MARTIN
CITY-ST-ZIP 2160 SW 115 TERR.
DAVIE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90030 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)