

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 015 ***150.00

DOCUMENT # 537550

1. Entity Name
MAYER'S JEWELRY CO. OF HOLLYWOOD, INC.



Principal Place of Business
2002 GRANT ST.
HOLLYWOOD, FL 33020-0546

Mailing Address
2002 GRANT ST.
HOLLYWOOD, FL 33020-0546

30091886



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-2732794		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ZIEFER, MAYER 1426 DIPLOMAT PKWY. HOLLYWOOD, FL 33019				Name ZIEFER, MAYER			
				Street Address (P.O. Box Number Is Not Acceptable)			
				2002 Grant Street			
				City	Hollywood	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIEFER, MAYER		NAME		
STREET ADDRESS	1426 DIPLOMAT PARKWAY		STREET ADDRESS	2002 Grant Street	
CITY-ST-ZIP	HOLLYWOOD FL,		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIEFER, SAMUEL		NAME		
STREET ADDRESS	187 BAL CROSS DIVIE		STREET ADDRESS	2002 Grant Street	
CITY-ST-ZIP	BAL HARBOUR, FL 33164		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAYER, MARTIN		NAME		
STREET ADDRESS	2160 SW 116 TERR.		STREET ADDRESS	2002 Grant Street	
CITY-ST-ZIP	DAVIE, FL		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 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

4-15-03

954-921-1422

Date

Daytime Phone #

CR2E034 (10/02)