

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 551760

1. Entity Name

LORD'S JEWELRY CO., INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90088 014 ***150.00

Principal Place of Business

Mailing Address

1918 EAST SUNRISE BOULEVARD.
FORT LAUDERDALE FL 33304

2140 IMPERIAL POINT DR
FORT LAUDERDALE FL 33308-2140
US

2. Principal Place of Business

3. Mailing Address

LORD'S JEWELRY CO., INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1918 E. SUNRISE BLVD

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

33308-2140

Country

4. FEI Number

59-1783067

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

MINTZER, STUART M.
2140 IMPERIAL PT. DRIVE
FORT LAUDERDALE FL 33308

Name

WILLIAM HORVATH

Street Address (P.O. Box Number is Not Acceptable)

1918 E. SUNRISE BLVD

City

FORT LAUDERDALE,

FL

Zip Code

33304

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]

3/3/2000

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 P ☒ Delete
NAME MINTZER, STUART M.
STREET ADDRESS 2140 IMPERIAL POINT DR
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE P/D ☐ Change ☒ Addition
NAME WILLIAM HORVATH
STREET ADDRESS 2129 NE 44 STREET
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE S ☒ Delete
NAME MINTZER, MARIAN
STREET ADDRESS 2140 IMPERIAL POINT DR
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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. 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 has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3/3/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILLIAM C. HORVATH

954-764-1750

**SIGN
&
DATE**

CR2E034 (9/99)