

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90132 011 \*\*\*150.00

DOCUMENT # **640912**



1. Entity Name  
**SOUTHERNMOST JEWELRY, INC.**

Principal Place of Business  
**2800 N ROOSEVELT BLVD  
KEY WEST FL 33040  
US**

Mailing Address  
**2800 N ROOSEVELT BLVD  
KEY WEST FL 33040  
US**

44011040



2. Principal Place of Business  
**1714 N ROOSEVELT BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1714 N ROOSEVELT BLVD**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**KEY WEST FL**

City & State  
**KEY WEST FL**

4. FEI Number **59-1945346**

Applied For  
Not Applicable

Zip  
**33040**

Country  
**MONROE**

Zip  
**33040**

Country  
**MONROE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARCIA JR, ROBERT  
2800 N ROOSEVELT BLVD  
KEY WEST FL 33040**

**7. Name and Address of New Registered Agent**

Name **GARCIA JR, ROBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1714 N ROOSEVELT BLVD**  
City **KEY WEST FL** Zip Code **33040**

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   
Signature typed by printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GARCIA JR, ROBERT</b>	
STREET ADDRESS	<b>1110 17TH TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	<b>GARCIA, MIRTA</b>	
STREET ADDRESS	<b>1110 17TH TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>GARCIA, JULIAN ROBERTO</b>	
STREET ADDRESS	<b>1110 17TH TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>115 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>SUGARLOAF FL</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>115 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>SUGARLOAF FL</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>115 SHORE DRIVE</b>	
CITY-ST-ZIP	<b>SUGARLOAF FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT GARCIA JR**

**4/19/03 (305) 294-6766**

Date Daytime Phone #

CR2E034 (10/02)