

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 017 ***550.00

DOCUMENT # F00000003978

1. Entity Name
HANNOUSH JEWELERS, INC.

Principal Place of Business
134 CAPITAL DRIVE
WEST SPRINGFIELD MA 01089

Mailing Address
134 CAPITAL DRIVE
WEST SPRINGFIELD MA 01089

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 **04-2706327**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ZACHODNY, JOHN
8201 SOUTH TAMiami TRAIL
SARASOTA SQUARE MALL
SARASOTA FL 34238

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input checked="" type="checkbox"/> Delete
NAME	HANNOUSH, JOSEPH A	
STREET ADDRESS	32 HANNOUSH DRIVE	
CITY-ST-ZIP	WEST SPRINGFIELD MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANNOUSH, PETER A	
STREET ADDRESS	521 BIRNIE AVE	
CITY-ST-ZIP	WEST SPRINGFIELD MA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANNOUSH, NORMAN A	
STREET ADDRESS	100 FORESTRIDGE ROAD	
CITY-ST-ZIP	WEST SPRINGFIELD MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANNOUSH, ANTHONY A	
STREET ADDRESS	49 HANNOUSH DRIVE	
CITY-ST-ZIP	WEST SPRINGFIELD MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANNOUSH, GEORGE A	
STREET ADDRESS	33 HANNOUSH DRIVE	
CITY-ST-ZIP	WEST SPRINGFIELD MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HANNOUSH, CAMILE A	
STREET ADDRESS	56 WOODBROOK TERRACE	
CITY-ST-ZIP	WEST SPRINGFIELD MA	

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		
TITLE	PRESIDENT	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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; 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/02

Date

(413) 846-4640

Daytime Phone #

CR2E034 (4/02)