## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

THOMAS COLHMAN SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Feb 01, 2000 8:00 am Secretary of State DOCUMENT # F9600005833 CANDELA JEWELRY INC. 02-01-2000 90008 047 \*\*\*150.00 Principal Place of Business Mailing Address 4507 NW 103RD AVENUE 4507 NW 103RD AVENUE SUNRISE FL 33351-7918 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 13-2976407 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name WEAVER, JEFFERSON H Street Address (P.O. Box Number is Not Acceptable) 871 EAST COMMERCIAL BOULEVARD FT. LAUDERDALE FL 33334 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PCD Change ☐ Addition TITLE TITLE Delete KOCHMAN, THOMAS H NAME 16490 BROOKFIELD ESTATES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** Change ☐ Addition TITLE ☐ Delete TITLE KOCHMAN, RHONA NAME NAME 16490 BROOKFIELD ESTATES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .DELRAY BEACH FL.33446 TITLE ☐ Change Addition TITLE ☐ Delete CANDELA, ANTONIO NAME NAME STREET ADDRESS CONDE SALVATIERRA, 16, 46004, VALENCIA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPAIN SVC ☐ Delete ☐ Change Addition TITLE CANDELA, ANDRES NAME NAME CONDE SALVATIERRA, 16, 46004, VALENCIA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SPAIN** ☐ Delete ☐ Change Addition TITLE TITLE ROSES, EDUARDO M NAME **CALLE 153 NO. 3, 46182 LA CANYADA** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALENCIA, SPAIN Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

min

1.21.00