

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G61195

1. Entity Name

THOMAS & JULIETTE'S JEWELRY & GIFTS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90170 018 ***150.00

Principal Place of Business

Mailing Address

C/O JULIETTE GOMEZ
1000 B KENNEDY DR
KEY WEST FL 33040

C/O JULIETTE GOMEZ
1000 B KENNEDY DR
KEY WEST FL 33040-4019

2. Principal Place of Business

2519 STAPLES AVE

3. Mailing Address

2519 STAPLES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST FL

4. FEI Number

59-2352643

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

GOMEZ, JULIETTE
1000 B KENNEDY DR
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

JULIETTE GOMEZ

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

2519 STAPLES AVE

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.

SIGNATURE

Juliette Gomez

(NOTE: Registered Agent signature required when reinstating)

1-6-00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GOMEZ, THOMAS, SR.	
STREET ADDRESS	2515 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GOMEZ, JULIETTE	
STREET ADDRESS	2515 STAPLES AVE.	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOMEZ, THOMAS, JR.	
STREET ADDRESS	1317 REYNOLDS ST.	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOMEZ, JULIO	
STREET ADDRESS	2438 FOGARTY AVE	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, THOMAS, SR	
STREET ADDRESS	2519 STAPLES AVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, JULIETTE	
STREET ADDRESS	2519 STAPLES AVE	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, THOMAS, JR	
STREET ADDRESS	P.O. Box 420301	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
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:

Juliette Gomez Vice President

Date

1-6-00

Daytime Phone #

(305) 296-6178

CR2E034 (9/99)