## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # G62963 1. Entity Name R. C. JEWELERS INC.

## FILED Feb 09, 2000 8:00 am Secretary of State

R. C. JEWELERS INC.				Secr 02-09-	-2000 90382 027 *	***150.00		
Principal Place of Business		Mailing Address		•				
14"N=E-1ST-AVESUITE-700 Miami Fl 33132		14_NE. 1ST. AVE SUITE 700 MIAM: FL-33132-2411						
MIMMI IL 3313	,	MINIMI TE SOTOE ETT					<del></del>	
	: **							
2. Principal F	lace of Business	3. Mailing Address	ل مناسط الله المناطقة المساعد					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	- 1 20 (報 14.5条 ● 14 対策 (	City & State		4. FEI Number	59-2336563	I	Applied:	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Fee Re	Additional equired	
6. Name and Address of Currer		Registered Agent		7. Name and Address of New Registered Agent				
2130	en, richard I Hollywood Blvd. Lywood FL 33020		Street Addres	ss (P.O. Box Number i	s Not Acceptable)	FL Zip	Code	
			s registered office or regis					
	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW	TE. Registered Agent signature requirements \$150.00	10. Electi	ion Campaign Financin		55.00 iviay	
9. This corpo		FILE NOW After MAY 1, 2	TE. Registered Agent signature requ	10. Electi		g _ (	\$5.00 May Added to F	
9. This corporate filling (See crite	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS	ITE. Registered Agent signature requirements of \$150.00 able to Department of \$12.	10. Electi Trust	ion Campaign Financin	g S AND DIREC	Added to F	
9. This corporate (See crite	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW After MAY 1, 2 Make Check Paya	TE. Registered Agent signature requirement.  VIII FEE IS \$150.00  1000 Fee will be \$550.00  able to Department of S	10. Electi Trust	ion Campaign Financin Fund Contribution.	g 🗆 🦒	Added to F	
9. This corpor Tax filling of (See crite 11. 04 1. TITLE 1. 71; NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)  FSD  SHALOM, JOSEPH ZION  14 N. E. 1ST. AVE., SUITE 700  MIAMI FL 33132  VTD  SHALOM, ITZHAK  14 N. E. 1ST. AVE., SUITE 700	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS	ITE. Registered Agent signature requirement of \$12.  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	10. Electi Trust	ion Campaign Financin Fund Contribution. HANGES TO OFFICERS	g S AND DIREC	Added to FA	
9. This corpor Tax filing ( See crite  11. 64 1.  TITLE 1. 75; NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	oration is eligible to satisfy its Intangible equirement and elects to do so. its on back)  PSD SHALOM, JOSEPH ZION 14 N. E. 1ST. AVE., SUITE 700 MIAMI FL 33132  VTD SHALOM, ITZHAK 14 N. E. 1ST. AVE., SUITE 700 MIAMI FL 33132  STD SHALOM, ITZHAK SHALOM, ITZHAK	FILE NOW After MAY 1, 2 Make Check Paya DIRECTORS  Delete  Delete	TE. Registered Agent signature requirements of State of S	10. Electi Trust	ion Campaign Financin Fund Contribution.	g S AND DIRECT	Added to F. COTORS IN 11 ange	
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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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2000

305 358:

Davtime Phone #