2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H10740

DOCUMENT # 1. Entity Name

JEWEL ENTERPRISES, INC.



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Principal Place of Business 541 SOUTH STATE ROAD 7 STE 1			541	Mailing Address 541 S. STATE ROAD 7 STE 1						
MARGATE FL	33068			GRATE FL 33068			I INSTRUCTOR DESCRIPTION DE LA CONTRACTOR DE LA CONTRACTO			
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Suite, Apt	t. #, etc.		· Sui	te, Apt. #, etc.			CHECK HERE IF	: MAKING (CHANGES	3
City & State			City	City & State			4. FEI Number 59-2496211			pplied For lot Applicable
Zip		Country	Zip	-	Country	,	5. Certificate of Status Desired		8.75 Ad	iditional
	6. Name a	nd Addres	s of Current Register	ed Agent	<u> </u>		7. Name and Address of New Re	aistered A	aent :	
	a no promis		من متعتقد		- Name) · · · · · · · ·	والمحجمة والمتحسنيين التثمافية الحماريء والانبيداء المجم			
fedele,	CARL						7444			
4520 NW	41ST ST			Street Addre			s (P.O. Box Number is Not Acceptable)			
	UDERDALE FI	L 33319				·				
					City		77 av 87 d.	FL	Zip Coc	de
8. The above the obliga	e named entity s ations of register	submits this ed agent.	statement for the purp	pose of changing its	registered office	or register	ed agent, or both, in the State of Flori	da. I am fa	miliar with,	, and accept
SIGNATURE		printed name o	f registered agent and title if ap	olicable (NOT	E: Registered Agent sig	not us variated				
				T (NO)	c. negistered Agent sig	nature required	when reinstaling)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Final Trust Fund Contribution.	ncing		00 May Be d to Fees
10.		OF	FICERS AND DIRECTO	DRS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND [DIRECTOR	IS IN 11
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FILED Jan 13, 2003 8:00 am Secretary of State
01-13-2003 90096 001 ***150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD FEDELE, CARL 541 S ST 7 STE 1 MARGARE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALICE FEDELE	☐ Change	Addition		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: