

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J60119

1. Entity Name

ALDO BRIONI FINE JEWELERS & MANUFACTURING, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90073 009 ***150.00

Principal Place of Business

Mailing Address

1603 W SNOW CIRCLE
TAMPA FL 33606

1603 W SNOW CIRCLE
TAMPA FL 33606-2562

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

58-1726788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

STEVEN H. WILSON

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

40100 BRIONI JEWELERS

1603 W. Snow Circle

City

Tampa

FL

Zip Code

33606

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

Steven H. Wilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/2000

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME WILSON, RICHARD
STREET ADDRESS 5970 SW 18TH ST SUITE 243
CITY-ST-ZIP BOCA RATON FL

TITLE President ☒ Change ☐ Addition
NAME STEVEN H. Wilson
STREET ADDRESS 4000 N. Ocean Drive
CITY-ST-ZIP Singer Island, FL 33404

TITLE V ☐ Delete
NAME ALESSI, DINO
STREET ADDRESS 3025 ASBURY PLACE
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME FORTE, DENA
STREET ADDRESS 4108 VASCONIA ST.
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dena Forte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/2000 (813) 253-2288

CR2E034 (9/99)