## **FILED Secretary of State**

Jan 23, 2003 8:00 am

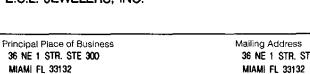
01-23-2003 90047 004 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

J62974

DOCUMENT #

1. Entity Name E.S.L. JEWELERS, INC.



36 NE 1 STR. STE 300

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

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City & State		City & State		4. FEI Number 59-2786576	Applied For	
				3 <del>3</del> 27 00 37 0	Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registere				d Agent		
MARKS, KIM 12937 BANYAN ROAD				Name Street Add	ress (P.O. Box Number is Not Acceptable)	
NUHTH MIAM	II FL 33181-2409		;	City		Zip Code
	ed entity submits this stateme	ent for the purpose of chan	ging its registere	ed office or re	gistered agent, or both, in the State of Florida. I ar	m familiar with, and accept

the obligations of registered agent.

FILE NOW!!! FEE (\$ \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

SIGNATURE .

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP ■ Addition TITLE Defete TITLE LEVY, ELI NAME NAME STREET ADDRESS 9325 CARLYLE AVE STREET ADDRESS CITY-ST-ZIP SURFSIDE FL 33154 CITY-ST-ZIP Change ☐ Addition TITLE D۷ □ Delete TITLE NAME LEVY, SHARON NAME STREET ADDRESS STREET ADDRESS 9325 CARLYLE AVE CITY-ST-ZIP CITY-ST-ZIP SURFSIDE FL 33154 - 🔲 Change ☐ Addition TITLE \_\_ Delete .--TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE

12. 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 of 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 attacl

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

Daytime Phone #