

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J82336**

1. Entity Name
O P GUN, PAWN & JEWELRY EXCHANGE, INC.

FILED

Apr 25, 2001 08:00 AM
Secretary of State

Principal Place of Business 5066 NORTH DIXIE HWY.	Mailing Address 5066 NORTH DIXIE HWY.
OAKLAND PARK 33334	FL OAKLAND PARK FL 33334

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State OAKLAND PARK	City & State OAKLAND PARK
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Zip 33334	Country US	Zip FL	Country FL
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4. FEI Number 59-2833002	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAMOND SANDY R. 5066 N. DIXIE HIGHWAY	7. Name and Address of New Registered Agent Name DIAMOND SANDY R Street Address (P.O. Box Number is Not Acceptable) 5066 N. DIXIE HIGHWAY
OAKLAND PARK 33334	City OAKLAND PARK

FL	Zip Code 33334
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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 **SANDY DIAMOND**

04/25/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State
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10. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, SANDY 10485 MATEO COURT BOCA RATON FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 807, 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: **SANDY DIAMOND**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES 04/25/2001

Date

Daytime Phone #

CR2E034 (11/00)