

2003. FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0254245 AV

DOCUMENT # K26355

1. Entity Name
THE EMERALD JEWELRY, INC.



FILED

03 APR -9 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2300 CORAL WAY
SUITE # 200
MIAMI FL 33145

Mailing Address
2300 CORAL WAY
SUITE # 200
MIAMI FL 33145

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 65-0063974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

AMADA CANTERA LOPEZ, President

4/10/03
DATE

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PEREZ, OSCAR
STREET ADDRESS 10291 NW 125TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400015773174
04/14/03--01006--030 **150.00

TITLE ST
NAME PEREZ, ILIANA
STREET ADDRESS 2801 NW 5TH STREET
CITY-ST-ZIP MIAMI FL 33125

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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 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)