## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K75828** May 23, 2000 8:00 am Secretary of State 1. Entity Name FINE JEWELRY BY ISMAEL, INC. 05-23-2000 90209 002 \*\*\*150.00 Principal Place of Business Mailing Address 7318 E. COLONIAL DRIVE 7318 E. COLONIAL DRIVE 3627 N ECONLOCKHATCHEE TRAIL 3627 N ECONLOCKHATCHEE TRAIL ORLANDO FL 32807 ORLANDO FL 32807-6314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2945953 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, ISAMAEL . Box Number is Not Acceptable) 3627 N ECONLOCKHATCHEE TRAIL ORLANDO FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) ", " 1 s. 7 . Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 -OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE HERNANDEZ, ISMAEL NAME NAME 3627 N ECONLOCKHATCHEE T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE HERNANDEZ, RAMONA NAME NAME 3627 N ECONLOCKHATCHEE T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change Addition ☐ Delete TITLE TITLE MILAGROS J. BRINSON NAME 3627 N. ECON TRL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition X Delete TITLE ISMAEL ARIEL HERNANDEZ NAME 2367 JUSTY WAY STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition 🖊 Delete TITLE TITLE ISRAEL ABEL HERNANDEZ NAME NAME 1228 SHAKENTOWN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KNIGHTDALE N. CITY-ST-7/F ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 agraddress, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

0 (407) 365-7332.

Daytime Phone #