

2000/2001
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77788

1. Entity Name

SOSA JEWELRY INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 MAY 18 PM 3:40

Principal Place of Business

4200 W. 12 Ave
 Hialeah, Fl. 33012

Mailing Address

4200 W. 12 Ave.
 Hialeah, Fl. 33012

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

65-0110784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOSA, MIRTA
 5401 Collins Ave. Apt. A515
 Miami Beach, Fl. 33140

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.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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
 NAME PD
 STREET ADDRESS SOSA, MIRTA
 CITY-ST-ZIP 5401 Collins Ave Apt. A 515
 Miami Beach, Fl. 33140 ☐ Delete

TITLE
 NAME VST
 STREET ADDRESS SOSA, ALBERTO
 CITY-ST-ZIP 5401 Collins Ave. A515
 Miami, Beach, Fl. 33140 ☐ Delete

TITLE
 NAME D
 STREET ADDRESS SOSA, ALBERTO
 CITY-ST-ZIP 5401 Collins Ave. A515
 Miami Beach, Fl. 33140 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)