2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012930

1. Entity Name

J.M.T. MASTER JEWELERS L.L.C.

FILED

02 JUL 19 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
710 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	710 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business	3. Mailing Address
1002 W. SR 436	1002 W. SR 436
Suite, Apt. #, etc.: Suite 1012	Suite, Apt. #, etc.: Suite 1014
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32714 Country: USA	Zip: 32714 Country: USA

4. FEI Number 59-3685064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, JOSE S
531 HARVARD PLACE
APOPKA FL 32703

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESTREPO, JOSE 710 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/30/02--90192--020 $50.00	☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4-17-02