

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90016 019 \*\*\*150.00

**DOCUMENT # L42056**

1. Entity Name  
**PACIFIC JEWELRY CORP.**

Principal Place of Business                      Mailing Address  
**1040 N.W. 3RD ST.**                      **1040 N.W. 3RD ST.**  
**HALLANDALE FL 33009**                      **HALLANDALE FL 33012-4507**



2. Principal Place of Business                      3. Mailing Address  
**1701 W 31st PL**                      **1701 W 31st PL**

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State                      City & State                      4. FEI Number                      Applied For  
**Hialeah FL**                      **Hialeah FL**                      **65-0166350**                       Not Applicable

Zip                      Country                      Zip                      Country                      5. Certificate of Status Desired                      \$8.75 Additional Fee Required  
**33012**                      **U.S.A.**                      **33012**                      **U.S.A.**                       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NUSSBAUM, ROBERT G**  
**7800 SW 141TH ST**  
**MIAMI FL 33158**

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 \_\_\_\_\_ (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.  **FILE-NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>NUSSBAUM, ROBERT G.</b> <b>7800 SW 141TH ST</b> <b>MIAMI FL 33158</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_                      **4/19/00**                      **305-817-1952**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E034 (9/99)