

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43525

1. Entity Name

ANDRE' FINE JEWELRY, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90087 041 \*\*\*150.00

Principal Place of Business

Mailing Address

ANDRE' FINE JEWELRY  
125 W. MAIN ST.  
WAUCHULA FL 33873

ANDRE' FINE JEWELRY  
125 W. MAIN ST.  
WAUCHULA FL 33873-2819

2. Principal Place of Business

3. Mailing Address

36 W. Broadway  
Suite, Apt. #, etc.

36 W. Broadway  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Meade, FL

City & State

Fort Meade, FL

4. FEI Number

59-2982472

Applied For

Not Applicable

Zip

33841

Country

USA

Zip

33841

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRE' FRANK  
115 W. BROADWAY  
FT. MEADE FL 33841

Name

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

36 W. Broadway

City

Fort Meade

FL

Zip Code

33841

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  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME ANDRE', FRANK  
STREET ADDRESS 1010 JOAN AVE.  
CITY-ST-ZIP DUNDEE FL

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

TITLE ☐ Delete  
NAME ANDRE', MARGARITA  
STREET ADDRESS 1010 JOAN AVE.  
CITY-ST-ZIP DUNDEE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #