

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000003292**

1. Entity Name

JEWELIA'S TREASURES, INC.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:33

Principal Place of Business
11641 COUNTRY VIEW LANE
BOCA RATON FL 33428Mailing Address
11641 COUNTRY VIEW LANE
BOCA RATON FL 334282. Principal Place of Business
11641 COUNTRY VIEW LANE
Suite, Apt. #, etc.3. Mailing Address
Same
Suite, Apt. #, etc.City & State
BOCA RATON FL
Zip 33428 CountryCity & State
City Country
Zip CountryDO NOT WRITE IN THIS SPACE
65-09738584. FEI Number
65-0973858 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Name and Address of Current Registered Agent
CARTER, FALTINO
11641 COUNTRY VIEW LANE
BOCA RATON FL 334287. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code8. 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]* PRESIDENT 05-09-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, FALTINO		NAME		
STREET ADDRESS	11641 COUNTRY VIEW LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MICHELLE		NAME		
STREET ADDRESS	11641 COUNTRY VIEW LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.

SIGNATURE: *[Signature]* FALTINO CARTER 05-09-01 561 558-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)