

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90225 004 \*\*\*150.00

**DOCUMENT # P00000003848**

1. Entity Name  
**MOLINA JEWELRY, INC.**

Principal Place of Business Mailing Address  
~~XXXX NE 1ST STREET SEYBOLD BLDG S#921~~ ~~XXXX NE 1ST STREET SEYBOLD BLDG S#921~~  
**MIAMI FL 33132 MIAMI FL 33132**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**14 NE 1st AVE 14 NE 1st. AVENUE**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**STE. 809 STE. 809**

City & State City & State  
**MIAMI, FL MIAMI, FL**

4. FEI Number **65-0302645** Applied For  
 Not Applicable

Zip Country Zip Country  
**33132 DADE 33132 DADE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MOLINA, OSVALDO B**  
**36 NE 1ST STREET, SEYBOLD BLDG. S#921**  
**MIAMI FL 33132**

**7. Name and Address of New Registered Agent**

Name  
**MOLINA, OSVALDO B**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14 NE 1st AVENUE**  
**STE. 809**  
 City **MIAMI, FL** Zip Code **33132**

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.

**March 23/02**

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>PSD</b> <b>MOLINA, OSVALDO B</b> <b>14224 SW 23RD STREET</b> <b>MIAMI FL 33175-8023</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>VD</b> <b>MOLINA, LISSETT C</b> <b>14224 SW 23RD STREET</b> <b>MIAMI FL 33175-8023</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *Osvaldo B. Molina* Director **March 23/02** (786) 425-0048  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)