

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90077 042 ***150.00

0393566
 AV

DOCUMENT # P00000027449

1. Entity Name
MY JEWELERS INC.

B0038459



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5 LISA LANE LAKE WORTH FL 33436 <i>New ADDRESS</i>		Mailing Address 5 LISA LANE LAKE WORTH FL 33436	
2. Principal Place of Business 2000 N. CONGRESS AVE Suite, Apt. #, etc. #245		3. Mailing Address Suite, Apt. #, etc.	
City & State WEST PALM BEACH FL		City & State	
Zip 33409	Country PALM BEACH	Zip	Country
4. FEI Number 59-3636623		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KIESLING, ROBERT 210 CHIPPEWA SQUARE BOYNTON BEACH FL 33426		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. (See criteria on back) <input checked="" type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROY 5 LISA LANE LAKE WORTH FL 33436 <i>ADDRESS CHANGE</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2000 N. CONGRESS AVE #245 WEST PALM BEACH FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i>		Date 2/21/02 Daytime Phone # 150	

CR2E034 (9/01)