2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90249 010 ***150.00

DOCUMENT # P00000029926

1. Entity Name

GUARD JEWELERS OF FLORIDA INC.

C0067741

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
8013 W 21 CT HIALEAH, FL 33016	8013 W 21 CT HIALEAH, FL 33016

2. Principal Place of Business	3. Mailing Address
60 SUNSET DR E BAY	60 SUNSET DR E BAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE, FL 32904	City & State: MELBOURNE, FL 32904
Zip: 32904 Country: USA	Zip: 32904 Country: USA

4. FEI Number: 65-0992760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ILEANA TOSCO
247 S.W. 122ND TERRACE,
PEMBROKE PINES, FL 33025

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 _____ DATE

9. The corporation is eligible to certify its Annual Report/Annual Report/Uniform Business Report (See instructions on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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	P	Title	P
Name	ILEANA TOSCO	Name	ILEAN TOSCO
Street Address	247 S.W. 122 TERRACE	Street Address	60 SUNSET DR E BAY
City-St-Zip	PEMBROKE PINES, FL 33025	City-St-Zip	MELBOURNE, FL 32904
	☐ Delete		☐ Change ☐ Addition
Title	VP	Title	VP
Name	LIVIO C. TOSCO	Name	LIVIO C. TOSCO
Street Address	3400 SW 136 AVE	Street Address	60 SUNSET DR E BAY
City-St-Zip	MIRAMAR, FL 33027	City-St-Zip	MELBOURNE, FL 32904
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ 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 alphabetical XX next to it.

SIGNATURE: _____ 4/17/01 305-441-4344
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #