

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000084984

1. Entity Name  
PINEDA BROTHERS JEWELERS, INC.

Principal Place of Business  
C/O DAVID J. HART, P.A.  
100 N. BISCAYNE BLVD. SUITE 2600  
MIAMI FL 33132

Mailing Address  
C/O DAVID J. HART, P.A.  
100 N. BISCAYNE BLVD. SUITE 2600  
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HART, DAVID J  
100 N. BISCAYNE BLVD. SUITE #2600  
MIAMI FL 33132

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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE D  
NAME PINEDA-PINEDA, MIGUEL AGUSTIN  
STREET ADDRESS DIAGONAL 128C NO. 61-31 APT. 704  
CITY-ST-ZIP BOGOTA-COLOMBIA

TITLE D  
NAME PINEDA-PINEDA, CARLOS D  
STREET ADDRESS CALLE 159A NO. 26-46 APT. 302  
CITY-ST-ZIP BOGOTA-COLOMBIA

TITLE D  
NAME PINEDA-PINEDA, SERGUNDO M  
STREET ADDRESS CARRERA 10A NO. 120-30  
CITY-ST-ZIP BOGOTA-COLOMBIA

TITLE D  
NAME PINEDA-PINEDA, NESTOR RAFAEL  
STREET ADDRESS AVENIDA 13 NO. 86-56  
CITY-ST-ZIP BOGOTA-COLOMBIA

TITLE D  
NAME PINEDA-PINEDA, FELIX GUSTAVO  
STREET ADDRESS CALLE 138 NO. 50-38, APT. 501  
CITY-ST-ZIP BOGOTA, COLOMBIA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
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 #

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90246 031 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

8/31/01 305 577 9977