

4/24

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000090946**

1. Entity Name

S.A.I. JEWELERS, INC.**FILED**
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90252 042 ***150.00

Principal Place of Business

**2528 MONTEREY COURT
WESTON FL 33327**

Mailing Address

**2528 MONTEREY COURT
WESTON FL 33327**

2. Principal Place of Business

11040 PINES BLVD

Suite, Apt. #, etc.

3. Mailing Address

11040 PINES BLVD

Suite, Apt. #, etc.

PENBROKE PINES

City & State

PENBROKE PINES, FL

City & State

FL

4. FEI Number

65-1042350

Applied For

Not Applicable

Zip

33026

Country

Zip

33026

Country

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

6. Name and Address of Current Registered Agent

**CARMEL, ROBERT
2528 MONTEREY COURT
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name

DORA CARMEL

Street Address (P.O. Box Number Is Not Acceptable)

11040 PINES BLVD

City

PENBROKE PINES, FL

Zip Code

33026

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 **DORA CARMEL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/5/2001

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARMEL, ROBERT	
STREET ADDRESS	2528 MONTEREY COURT	
CITY-ST-ZIP	WESTON FL 33327	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEL, ROBERT	
STREET ADDRESS	11040 PINES BLVD	
CITY-ST-ZIP	PENBROKE PINES, FL 33026	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORA CARMEL	
STREET ADDRESS	11040 PINES BLVD	
CITY-ST-ZIP	PENBROKE PINES FL 33026	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Robert Carmel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)