## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **P00000092006** MARIBEL FAHION & JEWERLY INC 2-28-2001 90115 017 \*\*\*150.00 FASHION & JEWELRY INC. Principal Place of Business Mailing Address 2808 BAY ST 2808 BAY ST LAKEHILL PLAZA LAKEHILL PLAZA 925434 EUSTIS FL 32726 EUSTIS FL 32726 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 5936778*21* Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ ORTEGA, MARIBEL Street Address (P.O. Box Number is Not Acceptable) 3428 VALVIEW DR APOPKA FL 32703 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition NAME ORTEGA, SERGIO NAME STREET ADDRESS 3428 VALEVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP APOPKA FL 32703 TITLE ☐ Delete TITLE Change Addition RODRIGUEZ ORTEGA, MARIBEL NAME NAME STREET ADDRESS 3428 VALEVIEW DR STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP APOPKA FL 32703 TITLE Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZLP TITLE ☐ Delete Change Addition NAME NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an efficer 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. CRIEGA

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR