

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000100299**

1. Entity Name

HOLGUIN JEWELRY, INC.**FILED**
May 05, 2001 8:00 am
Secretary of State

04-16-2001 90068 024 ***150.00

Principal Place of Business

Mailing Address

1930 SW 8TH ST
MIAMI FL 331351930 SW 8TH ST
MIAMI FL 33135

2. Principal Place of Business

1930 SW 8th
Suite, Apt. #, etc.
PMT

3. Mailing Address

1930 SW 8th
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

Zip

33135

Country

4. FEI Number

65-1058017

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ESTOPINAN, FRANCISCO
1930 SW 8TH ST
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name: Estopinan, Francisco

Street Address (P.O. Box Number is Not Acceptable)
1930 SW 8th

City

Miami

FL

Zip Code

33135

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

Francisco Estopinan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D
NAME: ESTOPINAN, FRANCISCO
STREET ADDRESS: 1930 SW 8TH ST
CITY-ST-ZIP: MIAMI FL 33135 ☐ DeleteTITLE: *Estopinan, Francisco*
NAME: *Estopinan, Francisco*
STREET ADDRESS: *1930 SW 8th*
CITY-ST-ZIP: *Miami, FL 33135* ☐ DeleteTITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ AdditionTITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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)(f), 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 #

4/30/00

CRCE034 (10/00)