

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90244 045 ***150.00

0002689

DOCUMENT # P00000109330

1. Entity Name

KARL JEWELRY AND MORE, INC.

Principal Place of Business

18805 N.W. 45TH AVENUE
 MIAMI FL 33055

Mailing Address

18805 N.W. 45TH AVENUE
 MIAMI FL 33055

2. Principal Place of Business

9005 NW 164 ST

3. Mailing Address

9005 NW 164 ST

Suite, Apt. #, etc.

D/A

Suite, Apt. #, etc.

D/A

City & State

Miami Lakes, Florida

City & State

Miami Lakes, FL

Zip

33018

Country

US

Zip

33018

Country

US

4. FEI Number

582585988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS
 18805 N.W. 45TH AVENUE
 MIAMI FL 33055

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 \$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	PD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, CARLOS	
STREET ADDRESS	18805 N.W. 45TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RITA	
STREET ADDRESS	18805 N.W. 45TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33055	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Carlos	
STREET ADDRESS	9005 NW 164 ST	
CITY-ST-ZIP	Miami Lakes, FL 33018	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Rita	
STREET ADDRESS	9005 NW 164 ST	
CITY-ST-ZIP	Miami Lakes, FL 33018	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

786-255-4115
 4/27/03 (329) 3628442
 Date Daytime Phone #

CR2E034 (10/00)