

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90140 001 \*\*\*150.00  
05-07-2004 90140 002 \*\*\*\*\*8.75

**DOCUMENT # P01000003906**

1. Entity Name  
**HUBERT JEWELRY REPAIR AND VARIETY STORE, INC.**



Principal Place of Business  
**5226 S. STATE ROAD 7  
HOLLYWOOD, FL 33314**

Mailing Address  
**5226 S. STATE ROAD 7  
HOLLYWOOD, FL 33314**

**4131 SW 51 ST. FT. Land.  
FL 33314**

**66419888**



04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1063202</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**THOMAS, HUBERT  
5226 S. STATE ROAD 7  
HOLLYWOOD, FL 33314**

**Thomas Hubert  
4131 SW 51 ST.  
FT. Land. FL  
33314**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **HUBERT THOMAS** *[Signature]* **P.D.** **4-26-04**  
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  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, HUBERT 4131 S.W. 51ST STREET FT. LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD THOMAS, PATRICIA 4131 S.W. 51ST STREET FT. LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Hubert Thomas** **4-26-04** **954 667 0698**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #