

UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91218 021 ***150.00

DOCUMENT # P01000025683

1. Entity Name

DADE DISCOUNT JEWELERS, INC.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

224 Washington Ave.

Suite, Apt. #, etc.

3. Mailing Address

224 Washington Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Homestead**FL**

City & State

Homestead**FL**

4. FEI Number

65-1086292

Applied For

Not Applicable

Zip

33030

Country

U.S.A.

Zip

33030

Country

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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.

SIGNATURE

Signature: typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when returning)

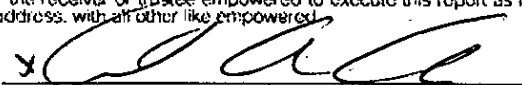
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	DPST Ane, Antonio A 224 Washington Ave. Homestead FL 33030	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

04/30/02