

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91135 015 ***150.00

DOCUMENT # P01000041304

1. Entity Name
O & AAA JEWELRY INC.

Principal Place of Business
8851 NW 119 ST APT 1102
HIALEAH GARDENS FL 33018

Mailing Address
8851 NW 119 ST APT 1102
HIALEAH GARDENS FL 33018

2. Principal Place of Business

3. Mailing Address

P.O. Box 160068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hialeah Florida

4. FEI Number

65-1098635

Applied For

Not Applicable

Zip

Country

Zip

Country

33016-0002 U.S.A.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINGUEZ, OTNIEL
8851 NW 119 ST APT 1102
HIALEAH GARDENS FL 33018

Name

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

B

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD DOMINGUEZ, OTNIEL**
STREET ADDRESS **8851 NW 119 ST APT 1102**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD DOMINGUEZ, ALEXANDRA**
STREET ADDRESS **8851 NW 119 ST APT 1102**
CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

Otniel Dominguez 1-23-2002 (305) 231-6152

CR2E034 (9/01)