FOR PROFIT CORRECTION

UI	NIFORM, BUSINE	64 GEPORT	(U	BR) :			
DOCUN 1. Entity Name	OCUMENT # P01000042150 Entity Name					FILED	
DO NOT WRITE IN THIS SPACE						03 FEB 27 AH II: 26 SECRETARY OF STATE IALLAHASSEE, FLORIDA	
					_		
2 Principal Pla	ace of Business	3. Mailing Address				500013281245	
·	31 SHERIDAN STREET	4931 SHERIDAN S Suite, Apt. #, etc.	STRE	ET		02/28/0301078015 **150.00 do not write in this space	
City & State		City & State			4.	FEI Number Applied For	
Zip	DLLYWOOD, FL Country	HOLLYWOOD, FL Zip Country			+	65-1110084 Not Applica Certificate of Status Desired \$8.75 Additional	
330	021 USA	33021	USA	<u>\</u>		Fee Required	
		· • • • • • •		Name AMI		nme and Address of Current Registered Agent	
DO NOT WRITE Street Address (AMI SHARABY dress (P.O. Box Number is Not Acceptable)		
						SHERIDAN STREET	
	IN THIS SE	ACL					
				City HOL	LYW	700D FL Zip Code 33021	
8. The above r	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Florida.	
	Ami	AMI S	HARA	ARY			
SIGNATURE _	Signature, typed or printed fame of registered agent a			d Agent signature require	ed when re	pinstating) 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 \$ After May 1, Fee is \$550. Amended UBR is \$61.2 Make Check Payable to Department				is \$550.00 is \$61.25	ate	10. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND I	<u> </u>			¥		
TITLE NAME STREET ADDRESS	P RITA SHARABY 4931 SHERIDAN STREET	,		EET ADDRESS	ė	500013281245 02/28/0301078016 **150.00	
CITY-ST-ZIP TITLE	HOLLYWOOD, FL 33021 VP		TITLE	-ST-ZIP	·····		
NAME	AMI SHARABY		NAM				
STREET ADDRESS CITY-ST-ZIP	4931 SHERIDAN STREET HOLLYWOOD, FL 33021			ET ADDRESS -ST-ZIP		and the second s	
TITLE			TITLE				
NAME	• •		NAM		48	• • • • • • • • • • • • • • • • • • • •	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - -ST-ZIP _		DO NOT WRITE	
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CITY-ST-ZIP				- ST- ZIP			
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport t with an address, with all other like em	owered to execute this report	the exe y signat as requ	mption stated in S ture shall have the uired by Chapter 6	ection same I 607, Flo	119.07(3)(i), Florida Statutes. I further certify that the information egal effect as if made under oath; that I am an officer or directorida Statutes; and that my name appears in Block 11 or on an	

AMI SHARAB SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: **AMI SHARABY** 954-927-7777

Date

Sheridan Jewelry Exchange, Inc. 4931 Sheridan Street Hollywood, FL 33021

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: P01000042150

To Whom It May Concern:

Please be advised that my mailing address has changed and I never received my 2002 UBR.

I have enclosed a blank report that I have filled out and a check for the filing fee for this year.

Please reinstate my company and update my information.

Thank you,

Ami Sharaby Vice President