

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90834 048 ***150.00

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DOCUMENT # P01000047421

1. Entity Name

IMPERIAL JEWELRY, INC.

Principal Place of Business

**3941 MOSS OAKS DR
 JACKSONVILLE FL 32277**

Mailing Address

**3941 MOSS OAKS DR
 JACKSONVILLE FL 32277**

2. Principal Place of Business

12777 Atlantic Blvd.

3. Mailing Address

Suite, Apt. #, etc.

30

City & State

Jacksonville, FL

City & State

Zip

32225

Country

Zip

Country

4. FEI Number

59-3716301

Applied For

Not Applicable

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

NGUYEN, LIEM T

3941 MOSS OAKS DR

JACKSONVILLE FL 32277

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 Liem T. Nguyen, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/2002

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	DP	<input type="checkbox"/> Delete
NAME	NGUYEN, LIEM T	
STREET ADDRESS	3941 MOSS OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, KIMOANH T	
STREET ADDRESS	3941 MOSS OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NGUYEN, STEVEN L	
STREET ADDRESS	3941 MOSS OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
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		

TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NGUYEN, PHUONGANH T	
STREET ADDRESS	4369 Boat Club Dr	
CITY-ST-ZIP	Jacksonville, FL 32277	
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		
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: Liem Thi Nguyen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2002 (904) 220-5352

Date

Daytime Phone #

CP2E034 (9/01)