

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90063 007 \*\*\*150.00

DOCUMENT # **P01000057681**

1. Entity Name  
**JMR JEWELRY MANUFACTURERS**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4931 SHERIDAN STR.**  
State, Apt. #, etc.

3. Mailing Address  
**4931 SHERIDAN STR.**  
State, Apt. #, etc.

City & State  
**HOLLYWOOD FL**  
Zip  
**33021**  
Country  
**USA**

City & State  
**HOLLYWOOD FL**  
Zip  
**33021**  
Country

4. FEI Number  
**65-1112415**  
Applied For  
☐ Not Applicable  
6. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

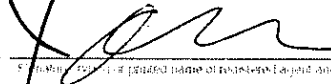
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**80050145**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**OREN MEINER**  
Street Address (P.O. Box Number is Not Acceptable)  
**4931 SHERIDAN STREET**  
City  
**HOLLYWOOD** FL Zip Code  
**33021**

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: 

(NOTE: Registered Agent's signature is required when filing a change of agent.)

(NOTE: Registered Agent's signature is required when filing a change of agent.)

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 State**

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

**11. OFFICERS AND DIRECTORS**

|                                                |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>OREN MEINER<br/>4931 SHERIDAN STREET<br/>HOLLYWOOD FL 33021</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(b), 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/02**

Date

Daytime Phone #

CR2E034B (12/01)