

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90161 015 \*\*\*150.00

DOCUMENT # P01000066045

1. Entity Name  
RINGS 'N' THINGS BY MS, INC.



Principal Place of Business  
9824 ROYAL PALM BLVD  
CORAL SPRINGS FL 33065

Mailing Address  
9824 ROYAL PALM BLVD  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1121932

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYMAN, STEVEN J CPA  
2 S UNIVERSITY DR SUITE 215  
PLANTATION FL 33324

Name STEVEN J TYMAN CPA  
Street Address (P.O. Box Number is Not Acceptable)

2 S UNIVERSITY DR. SK 312  
City PLANTATION FL Zip Code 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME FEFERKRANZ, STEVE F  
STREET ADDRESS 9824 ROYAL PALM BLVD  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD  Change  Addition  
NAME Mary Feferkranz  
STREET ADDRESS 9824 Royal Palm Blvd.  
CITY-ST-ZIP Coral Springs, FL 33065

TITLE SD  Delete  
NAME FEFER, MOSHE  
STREET ADDRESS 600 PARKVIEW  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

2/14/03  
Date

Daytime Phone #

CR2E034 (10/02)