

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90024 021 \*\*\*150.00

**DOCUMENT # P01000084691**

1. Entity Name

**WORLD JEWELRY CENTER II, INC.**

Principal Place of Business

**7500 W COMMERCIAL BLVD  
 LAUDERHILL FL 33319**

Mailing Address

**7500 W COMMERCIAL BLVD  
 LAUDERHILL FL 33319**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1140316**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KUPFER, PAUL H  
 1700 UNIVERSITY DRIVE SUITE 110  
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

**PETE Chachakov**

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

**7480 W Commercial Blvd**

City

**Lauderhill**

**FL**

**33062**

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

**PETE Chachakov VO**

**4-26-02**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANK, STEVE	
STREET ADDRESS	7500 W COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHACHAKOV, PETER	
STREET ADDRESS	7500 W COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRESSER, REUVEN	
STREET ADDRESS	7500 W COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHICK, ELAINE	
STREET ADDRESS	7500 W COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, ALAN	
STREET ADDRESS	7500 W COMMERCIAL BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**PETE Chachakov VO 4-26-02 954-744-8300**

CR2E034 (9/01)