

# 2002 UNIFORM BUSINESS REPORT (UBR)

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0080266  
AV

DOCUMENT # P01000105376

1. Entity Name  
YEZEKYAN-FINE JEWELRY, INC.

FILED

02 JUL 24 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
8221 W GLADES RD. SUITE 209  
BOCA RATON FL 33434

Mailing Address  
8221 W GLADES RD. SUITE 209  
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651144892

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YEZEKYAN, NORAYR  
8221 W GLADES RD, SUITE 209  
BOCA RATON FL 33434

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME ☐ Delete  
PSD  
YEZEKYAN, NORAYR  
STREET ADDRESS 8221 W GLADES RD, SUITE 209  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000006851230--0  
CITY-ST-ZIP -08/01/02--01037--014  
\*\*\*\*150.00 \*\*\*\*150.00  
☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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 REQUIRED

CR2E034 (4/02)

Attachment PO1000108-376

Yezekeyan Enterprises, Inc.

ppw

Dear Sirs

Please accept my payment of \$150 for my Corp  
Filing fees

I am sorry that I am late but I was traveling  
back and forth to NY for the past 5 months  
because my father had open heart surgery and  
my mother had knee replacement surgery at the same  
time and I was not able to keep track of  
every thing I was supposed to. So to my  
strenuous traveling

I hope you will accept my apologies and  
waive the penalty

Best Regards

Noray Yezekeyan

