

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 90345 050 ***150.00

DOCUMENT # P02000008888

1. Entity Name
DIAMONDS & JEWELRY BY FILIPI, INC.



Principal Place of Business
8181 W BROWARD BLVD #350
PLANTATION FL 33324

Mailing Address
8181 W BROWARD BLVD #350
PLANTATION FL 33324



2. Principal Place of Business
7826 NW 44 STREET
Suite, Apt. #, etc.

3. Mailing Address
7826 NW 44 ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE

City & State
SUNRISE

4. FEI Number
01-0579200

Applied For
Not Applicable

Zip
33351

County
BROWARD

Zip
33351

County
BROWARD

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

SAMI, SAM
8181 W BROWARD BLVD #350
PLANTATION FL 33324

Name
FILIP, VILSON
Street Address (P.O. Box Number is Not Acceptable)
7826 NW 44 ST
City
SUNRISE FL **33351**

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

04-15-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FILIP, JOSEF
7826 NW 44 STREET
SUNRISE FL 33351 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FILIP, VILSON
7826 NW 44 STREET
SUNRISE FL 33351 ☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-02-03

CR2E034 (10/02)