FILED

Sep 08, 2003 8:00 am Secretary of State

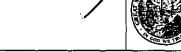
09-08-2003 90313 015 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000103259

1. Entity Name ONER JEWELS, INC.



			135	
Principal Place of Business 3811 SW 160TH AVE. #101 MIRAMAR FL 33027	Mailing Address 3811 SW 160TH AVE. #10 MIRAMAR FL 33027)1		Con E
2. Principal Place of Business 11401 Pines Boulevay	3. Mailing Address	s Blud]
Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES
Suite 270-25	20.0	0-25		4. FEI Number Applied For
Pembroke PiNES, FL	Yem broke		<u>L</u>	06-1647/69 Not Applicable
33026 Country U.S. A.	33026	Country U.S.A	·	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New Registered Agent
ONER, TANER				
3811 SW 160TH AVE: #101		Street	Address (I	P.O. Box Number is Not Acceptable)
MIRAMAR FL 33027				·
		City		FL Zip Code
the obligations of registered agent.	the purpose of changing its	registered office of	r register	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed higher of registered agent an	d title if applicable. (NOTE	Registered Agent signa	ture required	when reinstating) DATE
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.0 Make Check Payable to Florida Department of				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D ONER, TANER STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9149	R TANER 151 S.W. 158th Ave 1RAMAR, FL 33027
TITLE NAME COTTES, JACQUELINE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 Cott 495	Change Addition Hes, Jacqueline 1 s.w. 158+ Ave. RAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition

indicated on this report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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

Date Daytime Phone #