

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90140 002 \*\*\*150.00

**DOCUMENT # P02000103747**

1. Entity Name

**ROFFE S JEWELRY, INC.**



Principal Place of Business  
**6095 NW 167 ST UNIT D1  
MIAMI FL 33015**

Mailing Address  
**6095 NW 167 ST UNIT D1  
MIAMI FL 33015**



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

**55-0800286**

Applied For

Not Applicable

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

**SILBERMAN, MERY  
6095 NW 167 ST UNIT D1  
MIAMI FL 33015**

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
**PTS  
ROFFE, JACOBO  
16900 N BAY RD #508  
SUNNY ISL BCH FL 33160** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ 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**

*General Manager* 06/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 90147549

**ROFFE'S JEWELRY, INC.**

6095 NW 167 St. Unit D1

Miami, FL 33015

Tel: (305) 827-9666

Fax: (305) 827-9664

July 22, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Document # P02000103747

Dear Sir or Madam:

By means of the present we want to inform you that we have just received the 2003 Uniform Business Report and we want to request you to only receive the check # 110788 for US \$150.00. We do not know why we did not receive it before because we are very responsible to do our payment on time. We hope to hear from you as soon as possible.

Sincerely,

  
Mr. Jacobo Roffe  
Vice President & Executive

