

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

07-07-2003 90309 048 *****61:25
P0200011211

DOCUMENT # P0200011211

1. Entity Name

G.G.M. JEWELERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 19 AM 8:00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3161 W OAKLAND PARK BLVD. 3. Mailing Address 3161 W OAKLAND PARK BLVD.

Suite, Apt. #, etc.
#1225Suite, Apt. #, etc.
#1225

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE, FLCity & State
FT LAUDERDALE, FL4. FEI Number
05-0535770

Applied For

Not Applicable

Zip
33311

Country

Zip
33311

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
WORUD ELHAJStreet Address (P.O. Box Number is Not Acceptable)
914 N.W. 135TH WAYCity
SUNRISE

FL

Zip Code
33325

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.

WORUD ELHAJ

SIGNATURE WORUD ELHAJ
Signature, typed or printed name of registered agent and entity applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE	President/Director
NAME	Worud Elhaj
STREET ADDRESS	914 N.W. 135th Way
CITY-ST-ZIP	Sunrise, FL 33325

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE WORUD ELHAJ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)