## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90025 025 \*\*\*150.00

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200008108

1. Corporation Name

Principal Place of Business

JEWELRY BY JOSHUA, INC.

1041 NE 180 TERRACE N MIAMI BCH FL 33162 US		P.O. BOX 600538 N. MIAMI BCH FL 33160 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  12/01/1992
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21		26			65-0372727 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & Stat		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country Zip Co 25 29 30			/	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
Name and Address of Current Registered Agent				,	10. Name and Address of New Registered Agent
WEINBERG, JOSHUA				Name	•
1041 NE 180 TERRACE				Street	t Address (P.O. Box Number is Not Acceptable)
NO MIAMI BCH FL 33162			83		
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change of confice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmen agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent				required when reinstating} DATE
12.	OFFICERS AND		13.	nt signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WEINBERG, BETTY		1.2 NAME		
STREET ADDRESS	1041 NE 180 TERRACE		1	TADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL		1.4 CITY-S		
TITLE	STD	☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition .
NAME	WEINBERG, JOSHUA		2.2 NAME		
STREET ADDRESS	1041 NE 180TH TERRACE		2.3 STREE	TADORESS	
CITY-ST-ZIP	N MIAMI BCH FL	•	2. 4 CITY-5	T-ZiP	•
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		<b>\</b>
STREET ADDRESS			3.3 STREE	TADDRESS	· ·
CITY-ST-ZIP			3.4. CITY- S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	r-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Ţ	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP			5.4 CITY-S	Γ- ZIP	
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☐ Addition
NAME			6.2 NAME		·
STREET ADDRESS			6.3 STREET	ADDRESS	
C/TY-ST-ZIP			6.4 CITY+\$1	-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.