

**2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P92000010033**

1. Entity Name

**TESSY'S JEWELRY, INC.****FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90092 035 \*\*\*150.00

Principal Place of Business

Mailing Address

**12833 N. KENDALL DR.**  
**MIAMI, FL 33183****12833 N KENDALL**  
**DRIVE**  
**MIAMI, FL 33183**

2. Principal Place of Business

**12769 S.W. 88 STREET**

3. Mailing Address

**12769 SW 88 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI, FL**

4. FEI Number

**65-0374251**

Applied For

Not Applicable

Zip

**33186**

Country

Zip

**33186**

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, DALIA**  
**12833 N. KENDALL DR.**  
**MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name **PEREZ, DALIA**

Street Address (P.O. Box Number is Not Acceptable)

**12769 SW 88 STREET**City **MIAMI****FL**Zip Code **33186**

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.

SIGNATURE **Dalia Perez**  
Signature, typed or printed name of registered agent and title if applicable.**DALIA PEREZ**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/12/00**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete  
NAME **DALIA PEREZ**  
STREET ADDRESS **12833 N. KENDALL DR.**  
CITY-ST-ZIP **MIAMI, FL 33183**TITLE **S** ☒ Delete  
NAME **NOVO, NESTOR**  
STREET ADDRESS **12833 N. KENDALL DR.**  
CITY-ST-ZIP **MIAMI, FL 33183**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☒ Change ☐ Addition  
NAME **DALIA PEREZ**  
STREET ADDRESS **2820 SW 80 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33155**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dalia Perez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/12/00 (305) 380-**  
Daytime Phone # **6661**

CR2E034 (9/99)