2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000018210

1. Entity Name

AMR JEWELERS, INC.



TH TD

	Apr 14, 2003 8:00 an Secretary of State 04-14-2003 90417 028 ***150.00
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE MANE STREET ADDRESS DIV-ST-2PP TILE MANE STREET ADDRESS DIV-ST-2PP TILE MANE S							000 W		ļ				
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US 2 Principal Flace of Business 3. Mailing Address 4. FEI Number 65-0096457 3. Applicable City 6 State City 6		ALE EL 20240				^				1 / 2 2 1 2 2 1 1 1 2 1 2 1 2 1 2 2 2 2 2 2			
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School S	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
So Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRETTEEN, ALAN PROBLE FL 33319 City FL Zip Code Simulations of main and acceptance density submits this statement for the purcose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of main and accept the accept	City & State				& State		4. FEI Number 65-03964				No	t Applicable	
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RETIEEN, ALAN S60 w Commercial_BLVDTLAUDERDALE FL 33319 City		6. Name	and Address of Current	Register	ed Agent		Nome		7. Na		Registered A	gent	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TILE TI										•			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TILE TI					CAMANA ON C.A	, Ω/	Street A	ddress (F	2.O. Bo	x Number is Not Acceptable	e)		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of most the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of most the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of most the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of most the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of most the obligation of most t		OMMERCIA	CBLVD 198	163	l wintercen	יכ טנ							
SIGNATURE Signatures specified against and title if applicable. (NOTE: Registrove Agant segnature reculation) DATE			<u></u>					·					
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indicated on this report or supplemental report is true and accurate and that my diagnostic shall have the same local affect on if made under each that I am an officer or director.	12. hereby c	certify that the	information supplied with	this filing	does not qualify for	the exer	nption stat	ed in Sec	ction 11	19.07(3)(i), Florida Statutes.	further cert		formation

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 of 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:

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #