


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90245 013 ***150.00

DOCUMENT # P93000033940	
1. Entity Name Golden Images Jewelers	

90123687

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2900 W. Sample Rd. Suite, Apt. #, etc. H4115	3. Mailing Address 2900 W. Sample Rd. Suite, Apt. #, etc. H4115
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DO NOT WRITE IN THIS SPACE

City & State Pompano Beach, Fl.	City & State Pompano Beach, Fl.	4. FEI Number 65-0411396	Applied For <input type="checkbox"/> Not Applicable
Zip 33073	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name Stephen L. Zimmerman (Stephen L. Zimmerman)	
Street Address (P.O. Box Number is Not Acceptable) 737 E. Atlantic Blvd.	
City Pompano Beach	Zip Code FL 33060

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	President Jay Treitman 5924 NW 54 Circle Coral Springs Fl 33067	TITLE NAME STREET ADDRESS 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 life empowered.

SIGNATURE: **Jay Treitman** **4/29/03** **954-649-7535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)