

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # P94000007755

1. Entity Name

JEWELS OF THE WORLD OF TAMPA, INC.

Principal Place of Business
4219 1/2 N. ARMENIA AVENUE
TAMPA FL 33607

Mailing Address
4219 1/2 N. ARMENIA AVENUE
TAMPA FL 33607-6428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIAS, VIVIAN
8816 N. PATTERSON AVENUE
TAMPA FL 33615

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELIAS, VIVIAN
8816 W. PATTERSON AVENUE
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500003337945-9
-07/27/00--01007--024
****150.00 ****150.00 ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ELIAS, VICTOR
8816 W. PATTERSON AVENUE
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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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 of the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vivian Elias April 8, 00

KE

2 of 2

I am sending a copy of

The Corporation Report

I have called several times

concerning this. Mr. Spore

asked me to re issue a

check & copy & to

please waive the penalty

& re instate it.

May have been lost in

mail