

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000011483

1. Entity Name

WORLD JEWELRY CENTER, INC.

Principal Place of Business

7500 W COMMERCIAL BLVD
2206 HOLLYWOOD BLVD.
LAUDERHILL FL 33319
US

Mailing Address

7500 W COMMERCIAL BLVD
LAUDERHILL FL 33319
US

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

PRESSER, C
7500 W COMMERCIAL BLVD
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

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, 2001 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 DS
NAME PRESSER, CILA
STREET ADDRESS 5507 N.W. 107 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE DP
NAME CHAKCHAKOV, MAGI
STREET ADDRESS 5341 N.W. 46 AVE
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE DT
NAME SCHICK, NANCY
STREET ADDRESS 10156 N.W. 46 ST.
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE DV
NAME SCHICK, JAMIE
STREET ADDRESS 2981 NOB HILL, #408
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90159 017 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)