

2001: UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000020521**

1. Entity Name

RIO CITY JEWELRY CORP.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90007 011 ***158.75

0027695

Principal Place of Business

5295 VENTURA DR
SUITE 16
DELRAY BCH FL 33484
US

Mailing Address

5295 VENTURA DR
SUITE 16
DELRAY BCH FL 33484
US

2. Principal Place of Business

5295 VENTURA DR.

Suite, Apt. #, etc.

3. Mailing Address

5295 VENTURA DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BCH - FL

City & State

DELRAY BCH - FL

Zip

33484

Country

U.S.A.

Zip

33484

Country

U.S.A.

4. FEI Number

65-0473962

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MIRANDA, NORMA
5295 VENTURA DR
SUITE 16
DELRAY BCH FL 33484

7. Name and Address of New Registered Agent

Name **MIRANDA NORMA**

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

5295 VENTURA DR.

City

DELRAY BCH**FL**

Zip Code

33484

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MIRANDA, NORMA
5295 VENTURA DR
DELRAY BCH FL 33484 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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:

NORMA MIRANDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-01

Date

(954) 7826911

Daytime Phone #

CR2E034 (10/00)