2002 Uniform Business Report (UBR)

Apr 07, 2002 8:00 am Secretary of State P94000036951 DOCUMENT # 1. Entity Name 04-07-2002 90043 030 ***150.00 STAMPAR JEWELERS, INC. Principal Place of Business Mailing Address 29 N. ORANGE AVE. 29 N. ORANGE AVE. JUPITER FL 33458 JUPITER FL 33458 US 2. Principal Place of Business 3. Mailing Address 1200 TOWN CENTER 1200 TOWN CENTER DR. DR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 113 //3 City & State City & State Applied For 4. FEI Number 65-0484129 JUPITER IUPITER Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33458 33458 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAMPAR, RAINER Street Address (P.O. Box Number is Not Acceptable) 29 N. ORANGE AVE. JUPITER FL 33458 SVITE Zip Code 3341-8 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. RAINER STAMPAR SIĞNATURE or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLÉ ☐ Delete TITLE ☐ Addition STAMPAR, RAINER NAME STAMPAR, RAINER NAME 1304 PENINSULAR RD. STREET ADDRESS 142 SWEET BAX CIR. STREET ADDRESS JUPITER FL. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 adoless, with all other like empowered.

SIGNATURE

(9/01)