

2000 UNIFORM BUSINESS REPORT (UBR)

05-19-2000 900491012 ***150.00
APPROVED
AND
FILED

DOCUMENT # **P94000037687**
1. Entity Name **DELUXE JEWELRY**

00 SEP 11 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
DELUXE JEWELRY
7152 N. UNIVERSITY DRIVE
TAMARAC- FL- 33321

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **DIEGO CUENCA**

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

403 SW 73 AVE

City **N. LAUDERDALE**

FL

Zip Code

333068

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 \$160.00
AFTER MAY 1, 2000 Fee will be \$250.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

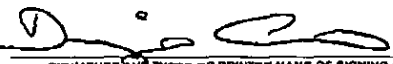
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Delete	TITLE ☐ Change ☐ Addition
NAME DIEGO CUENCA	NAME ☐ Change ☐ Addition
STREET ADDRESS 403 SW 73 AVE N-CAUDERDALE	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP FL 333068	CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME ☐ Delete	NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Delete	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Delete	CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME ☐ Delete	NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Delete	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Delete	CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME ☐ Delete	NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Delete	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Delete	CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME ☐ Delete	NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Delete	STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Delete	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)(j), 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 #

4-26-2000

954-722 5535

CR2E034 (9/99)