

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90003 014 ***150.00

DOCUMENT # P94000072035

1. Entity Name

KARINA JEWELRY, INC.

Principal Place of Business

Mailing Address

**10153 NW 46TH ST
 SUNRISE FL 33351
 US**

~~10106 N.W. 47TH STREET~~
~~SUNRISE FL 33351~~
~~US~~

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10153 N.W. 46TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE, FL.

4. FEI Number

65-0523294

Applied For

Not Applicable

Zip

Country

Zip

Country

33351

USA

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

GARCIA, BENJAMIN

~~10651 NW 26TH PL
 SUNRISE FL 33322~~

Name

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

10206 RAMBLEWOOD DR.

City

CORAL SPRINGS

FL

Zip Code
33071

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	GARCIA, BENJAMIN	10651 NW 26TH PL	SUNRISE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10206 RAMBLEWOOD DRIVE	CORAL SPRINGS, FL. 33071		

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: *Benjamin Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN GARCIA

1/17/01

954/747-4734

Date

Daytime Phone #

CR2E034 (10/00)