

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036688

1. Entity Name

MATTHEW'S FINE JEWELERS, INC.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90038 001 ***150.00

Principal Place of Business

1148 WESTON RD
COUNTRY ISLES PL
WESTON FL 33326
US

Mailing Address

2040 DEWEY ST
HOLLYWOOD FL 33020
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0606299

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPSLY, WILLIAM M.
3727 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SILVERMAN, MORTON	
STREET ADDRESS	1148 WESTON RD. COUNTRY ISLES PLZ.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	SILVERMAN, GENE	
STREET ADDRESS	1148 WESTON RD. COUNTRY ISLES PLZ.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SILVERMAN, MARK E.	
STREET ADDRESS	1148 WESTON RD. COUNTRY ISLES PLZ.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, ROGER	
STREET ADDRESS	1148 WESTON RD. COUNTRY ISLES PLZ.	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3-29-01

Date

9549218900

Daytime Phone #

CR2E034 (10/00)