## AMENDED FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT JUBR

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 950000 41746/ 1. Entity Name JULE'S GEMS, INC.



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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2. Principal P	Place of Busin		3. Mailing Address	SAME			
Suite, Apt.			Suite, Apt. #, etc.	1	2003 AMENI	DED	
City & Stat	ie	<u> </u>	City & State		4 FEI Number	Applied For	
MARG	SATE,	<u> </u>	FLORIDA		65-0588811	Not Applicable	
<sup>ヹゅ</sup> ろ30	63	Country S	Zip	Country	Fee Rec	Additional juired	
		FIGURE BENDET STEEL SEN	N. P. Brown State Committee of the Commi	7. Name and Address of Current Registered Agent			
				THOMAS MESSER, EATPA			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
	<b>[</b> [	NTHISS	SPACE	132:	3 LYONS RO.		
		a regulation and pro-					
<b>S</b>		Lington William Statement William		City O CO	NUT (REEK FL ) 智·	3663	
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. I am familiar with, and accept							
the obligations of registered agent.							
SUCNIATION OF MESSER ENROLLED AGENT 1/30/03							
Signature Aped or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
		ay 1 Fee is \$150.00			9. Election Campaign Financing \$	E 00 v. s	
	Amended	1, Fee is \$550.00 I UBR is \$61.25		•	· _ · _ · _ · _ · Ţ	5.00 May Be dided to Fees	
Make Check Payable to Florida Qepartovent of State							
10.	TORES	OFFICERS A	ND DIRECTORS				
TITLE NAME	DOR	A BARONE	<b>)</b>	NAME	100022861941	等新方式 表示的 第一个人	
STREET ADDRESS	5109	COCONUT	CKPKWY	STREET ADDRESS	08/29/0301026014 **61.	75	
CITY-ST-ZIP	MAR	A BARONA COCONUT GATE, FL	33063	CITY-ST-ZIP			
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12. 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Von Barona

DORA BARONA

1/31/03

(954)979-3620

Daylime Phone #

CR2E034B (12/02)