

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 95000041746

1. Entity Name

JULE'S GEMS, INC.



APPROVED
AND
FILED

03 AUG -7 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5109 COCONUT CREEK PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

FLORIDA

Zip

33063

Country

US

Zip

Country

4. FEI Number

65-0588811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

2003 AMENDED

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

THOMAS MESSER, EA, PA

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

1323 LYONS RD.

City

COCONUT CREEK

FL

Zip Code

33063

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

THOMAS MESSER, ENROLLED AGENT

DATE

1/30/03

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$336.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
DORA BARONA
5109 COCONUT CK PKWY
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
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.

SIGNATURE:

DORA BARONA

DORA BARONA

1/31/03

(954)979-3620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)