

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027764

1. Entity Name

BLUE MARLIN JEWELRY, INC.

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90003 003 ***150.00

Principal Place of Business

Mailing Address

86701 OVERSEAS HIGHWAY
103
ISLAMORADA FL 33036
US

86701 OVERSEAS HIGHWAY
103
ISLAMORADA FL 33036-3140
US

616298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0654318

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

BRASWELL & SALLATO, P.A.
9990 SW 77TH AVE., STE. 303
MIAMI FL 33156

Name

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

City

FL

Zip Code

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

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--------------|---|--|
| D | GONZALEZ, SUSIE | <input checked="" type="checkbox"/> Delete |
| ST-ZIP | 214 BRISTOL CT. TAVERNIER FL 33070 | |
| P | GONZALEZ, ARMANDO | <input type="checkbox"/> Delete |
| ST-ZIP | 214 BRISTOL CT. 2 TAVERNIER FL 33070 | |
| D | JILL BETH CASHDOLLAR | <input type="checkbox"/> Delete |
| ST-ZIP | | |
| | | <input type="checkbox"/> Delete |
| ST-ZIP | | |
| | | <input type="checkbox"/> Delete |
| ST-ZIP | | |
| | | <input type="checkbox"/> Delete |
| ST-ZIP | | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRESIDENT |
| STREET ADDRESS | ARMANDO R. GONZALEZ |
| CITY-ST-ZIP | 220 TARPON ST. TAVERNIER FL 33070 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DIRECTOR |
| STREET ADDRESS | JILL BETH CASHDOLLAR |
| CITY-ST-ZIP | 220 TARPON ST. TAVERNIER FL 33070 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 my address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (9/99)