

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000036943**

1. Entity Name

CARROLL'S JEWELERS OF CORAL GABLES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90016 020 ***158.75

Principal Place of Business

**365 MIRACLE MILE
CORAL GABLES FL 33134**

Mailing Address

**365 MIRACLE MILE
CORAL GABLES FL 33134-5819**

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 **65-0660014**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****906881**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****STRICKROOT, JOHN C
100 S.E. 2ND STREET
17TH FLOOR
MIAMI FL 33131**

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, 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****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MOORMAN, STEPHAN J	365 MIRACLE MILE	CORAL GABLES FL				
VP	LAMPL, WALTER JR	365 MIRACLE MILE	CORAL GABLES FL				
ST	MOORMAN, JOY ANN	365 MIRACLE MILE	CORAL GABLES FL				

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

Date

Daytime Phone #