PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000054947**1. Corporation Name

U LOVE JEWELRY, INC.

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90107 020 ***150.00



Principal Place of Business Mailing Address									•••
4101 PINE TREE DRIVE. SUITE 1105 P.O. BOX 398-706 MIAMI BEACH FL 33140 MIAMI FL 33239						DO NOT WRITE IN THI	S SPACE		
US						3. Date Incorporated or Qualifed			
						06/27/1996			l
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied F			For
			398-706			65-0677864	Not Applicable		
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional			ional
22 27						5. Certificate of Status Desired Fee Required			
City & State City & State			<u> </u>			6. Election Campaign Financing \$5.00 May Be			Be
23		28 MIAMI FL _				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year I	ntangible		.
24	25	29 33239 3	10 L	ڪر	4	Personal Property Tax.	Yes_	250	lo
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent		
		··		81 N	ame				}
AMERILAWYER CHARTERED				82 S	reet Addre	ess (P.O. Box Number is Not Acceptable)	· •		
343 ALMERIA AVENUE				•	, cci / ladic	,			
COR	AL GABLES FL 33134			83					ļ
	•						los -	Zip Code	
,	-			84 C	ty	F	L ⁸⁵ ²	-ib code	' <u> </u>
office or re	o the provisions of Sections 607.0502 egistered agent, or both, in the State on Infamiliar with, and accept the obligati	of Florida. Such change was aut	thorized	l by the	med corpo corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing ointment a	its regis s registe	stered red
SIGNATURE	2	and title if applicable (NOTE: E	Panietarad	Agent sign	ature required	when reinstating) DATE			— [
-	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent sign	ature required	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	CTORS	N 12
12.	PSTD	D DELETE	1,1 111	n F		ADDITIONAL OF THE SECTION OF THE SEC	Char		Addition
!	SALIM, MOUISE		1.2 NA			•			
STREET ADDRESS 4101 PINE TREE DRIVE, SUITE 1165 / 530				1.3 STREET ADDRESS					
1	MIAMI BEACH FL 33140	של ביו משק			1200				Į
CITY-ST-ZIP	MIAMI BEACH PL 33140	DELETE	2.1 10	TY-ST-ZIP	_		[1] Char	ige [Addition
TITLE		_ beerte	2.2 NA					-	- I
NAME									ł
STREET ADDRESS)				REET ADD					{
CITY-ST-ZIP		☐ DELETE	-	TY-ST-ZI	<u> </u>		Char	ige C	Addition
TITLE		☐ DETE ! E	3.1 TI		-		L. U. 101	J- L	
NAME			3.2 N			•			}
STREET ADDRESS			1	REET ADD					Į
CITY-ST-ZIP		D octor	_	TY-ST-ZI). 	· · · · · · · · · · · · · · · · · · ·	☐ Char		Addition
TITLE		☐ DELETE	4.1 TI					a L	7 (1001001)
NAME			4. 2 N		-				
STREET ADDRESS			4.3 ST	REET ADD	RESS				
CITY+ST-ZIP			-	TY-ST-ZIF		· · · · · · · · · · · · · · · · · · ·		-	- Addition
TITLE		☐ DELETE	5.1 TI				Cha	iye [Addition
NAME			5.2 N			•			
STREET ADDRESS				REET ADD					
CITY-ST-ZIP				TY-ST-Zif					7
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 Tr				Chai	ige [_ Addition
NAME			6.2 NA	ME	}		•		
STREET ADDRESS			6.3 ST	REETADO	RESS				ſ
CITY-ST-ZIP			6.4 CI	TY-ST-ZIF					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.