**FILED** 

Daytime Phone #

## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State **DOCUMENT #** P96000061299 1. Entity Name 04-01-2002 90601 011 \*\*\*150.00 LENTIN JEWELERS, INC. Principal Place of Business Mailing Address 845 S FEDERAL HWY 84S S FEDERAL HWY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0682351 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **GREENSTEIN & KING CPA'S PA** Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMOTTO PARK ROAD **BOCA RATON FL 33433** City 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) FILE NOW!!! FEE IS \$150.00 9.-This corporation is eligible to satisfy its Intangible 10: Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DP CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition NAME **CURTIS. VALERIE** NAME 845 S FEDERAL HWY STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CURTIS, GAVIN NAME NAME 845 S FEDERAL HWY STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 is 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 buther like empowered.