## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P96000070763 **DOCUMENT #**

1. Entity Name



## FILED Mar 17, 2003 8:00 am Secretary of State

YILLO & MARY JEWELRY, INC.							03-17-2003 91060 022 ***150.00				
Principal Pla 6977 S.W. 24 MIAMI FL 33	:	6977	ing Address 7 S.W. 24TH STREET MI FL 33155				A INGANINAN ARA IRAIN RAIRE NORTH BRITER	<b></b>	i kalla kallali (140)	<b>i galar</b> iral g <b>e</b> al	
2. Principal	Place of Business	3. Mailing Address				$\dashv$					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & Sta	ate	City & State				4. FEI Number 65-0712991 Applied For Not Applied be					
Zip	Country	Zip		Count	ry	5. (	Certificate of Status Desired		\$8.75 Ac	dditional	
	6. Name and Address of Currer	t Register	ed Agent	T		7. N	Name and Address of New Reg	istered .			
045014	NAME :				Name	-					
GARCIA,			•	Street Address (P.O. Box Number is Not Acceptable)							
6977 S.W. 24TH STREET MIAMI FL 33155											
1111/1111 I C	. 40 100				City			FL	Zip Co	de	
8. The above the obliga	e named entity submits this statement ations of registered agent.	for the purp	pose of changing its	registered	d office or registe	ered age	ent, or both, in the State of Florid		familiar with	, and accept	
							,				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if ap	plicable. (NOTE	: Registered	Agent signature require	ed when rei	instating)	DATE			
	TLE NOW!!! FEE IS \$150.00				····						
After May 1, 2003 Fee will be \$550.00						ŀ	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing , 		00 May Be	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS				11,			DITIONS (OUNDED TO OFFICE				
Drice	PTD	DINECTO	Delete	TITLE		ADI	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR  Change	RS IN 11	
NAME	MUNIZ, ELIGIO		buck	NAME					☐ Change	Addition	
STILET ADDRESS CITY-ST-ZIP	6977 S.W. 24TH STREET   MIAMI FL 33155				T ADDRESS						
TITLE	VPSD			CITY-S	ST-ZIP					<u></u>	
NAME	GARCIA, MARIA L		☐ Delete	TITLE NAME	1				☐ Change	Addition	
STREET ADDRESS	6977 S.W. 24TH STREET			STREET	T ADDRESS					Ì	
CITY-ST-ZIP	MIAMI FL 33155			CITY-S	ST-ZIP				. <u></u>		
TITLE~ NAME	/		- Delete	TITLE NAME			•		☐ Change	☐ Addition	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S	1						
TITLÉ			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME	4000000						
CITY-ST-ZIP				CITY-S	ADDRESS						
TITLE				-							
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NAME			☐ Delete	TITLE NAME		"	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		☐ Change	Addition	
NAME STREET ADDRESS			☐ Delete	NAME Street	ADDRESS				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET CITY-ST					-		
NAME STREET ADDRESS		<b></b>	☐ Delete	NAME Street					☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				NAME STREET CITY-ST TITLE NAME STREET	T-ZIP  ADDRESS				-		
NAME STREET ADDRESS : CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with		☐ Delete	NAME STREET CITY-ST TITLE NAME STREET CITY-ST	T-ZIP  ADDRESS T-ZIP				☐ Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all princer like empowered.

Daytime Phone #