

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072406

1. Entity Name

RAYSA JEWELRY, CORP.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90066 001 \*\*\*150.00

Principal Place of Business

169 E FLAGLER ST.  
 SUITE 1637  
 N. MIAMI FL 33161

Mailing Address

14730 NE 10TH AVENUE  
 N. MIAMI FL 33161-2454

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**PEREZ BEHAR & ASSOC., P.A.**  
 Suite, Apt. #, etc.  
 13935 NW 1st AVENUE

City & State

Zip

Country

City & State **MIAMI, FLORIDA 33168**

Zip

Country

4. FEI Number **65-0774210**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PEREZ BEHAR & ASSOCIATES, INC.**  
 14730 N.E. 10TH AVE.  
 N. MIAMI FL 33161

7. Name and Address of New Registered Agent

Name **PEREZ BEHAR & ASSOC., P.A.**

Street Address **13935 NW 1st AVENUE**

**MIAMI, FLORIDA 33168**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARGUELLO, SANDRA A</b>	
STREET ADDRESS	<b>14730 NE 10TH AVENUE</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, RAMON</b>	
STREET ADDRESS	<b>14730 NE 10TH AVENUE</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, MICHAEL S</b>	
STREET ADDRESS	<b>14730 NE 10TH AVENUE</b>	
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sandra A. Arguello**

**4/3/00 (305) 688-9694**

Date

Daytime Phone #

CR2E034 (9/99)