

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078652

1. Entity Name

LEMAR JEWELRY CONTRACTORS, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90114 004 ***158.75

Principal Place of Business

4736 N.E. 12TH AVENUE
OAKLAND PARK FL 33334

Mailing Address

4736 N.E. 12TH AVENUE
OAKLAND PARK FL 33334-4802

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

65-0782094

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOTOAGUILAR, GLORIA
941 SW 176TH AVE
PEMBROKE PINES FL 33029

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	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	GARCIA, FABIOLA	941 SW 176 AVE	PEMBROKE PINES FL 33029	<input checked="" type="checkbox"/>					
ST	SOTOAGUILAR, GLORIA	1960 SW 32 AVENUE	MIAMI FL 33145	<input type="checkbox"/>	SECRETARY / PRESIDENT	SOTOAGUILAR, GLORIA	941 SW 176 TH AVE.	PEMBROKE PINES, FL. 33029	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

03/19/00

Daytime Phone #

CR2E034 (9/99)