

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081152

1. Entity Name

CELIA'S JEWELRY INC.

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

04-27-2000 90077 046 ***150.00

Principal Place of Business

Mailing Address

21691 SO S.R. 7
BOCA RATON FL 33428

21691 SO S.R. 7
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3830 N.W. 78th LANE

Suite, Apt. #, etc.

3830 N.W. 78th LANE
HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

City & State

Zip

33024

Country

Zip

33024

Country

4. FEI Number

59-3470718

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

DALISAY, CELIA A
21691 SO. S.R. 7
BOCA RATON FL 33428

Name

CELIA A. DALISAY

Street Address (P.O. Box Number is Not Acceptable)

3830 N.W. 78th LANE

City

HOLLYWOOD

FL

Zip Code

33024

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

CELIA A. DALISAY

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	D	<input type="checkbox"/> Delete
NAME	DALISAY, CELIA A	
STREET ADDRESS	3830 NW 78 LN	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)