

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096559

1. Entity Name

JEWELRY AT WHOLESALE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90203 006 ***150.00

Principal Place of Business

Mailing Address

405 N STATE ROAD 7
MARGATE FL 33063

405 N STATE ROAD 7
MARGATE FL 33063-4560

2. Principal Place of Business

3. Mailing Address

2049 S. OCEAN DR

2049 S. OCEAN DR #1203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1203

1203

City & State

City & State

HALLANDALE FL

HALLANDALE FL

Zip

Country

Zip

Country

33009

BROWARD

33009

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOFSKY, DAVID ALAN CPA
3440 HOLLYWOOD BLVD STE 450
HOLLYWOOD FL 33021

Name

CHARLES GODEL

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

2049 S OCEAN DR #1203

City

HALLANDALE

FL

Zip Code

33009

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 CHARLES GODEL PRESIDENT

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 ☒ Delete
NAME D
STREET ADDRESS GODEL, MICHAEL J
CITY-ST-ZIP 405 N STATE ROAD 7
MARGATE FL 33063

TITLE ☒ Delete
NAME D
STREET ADDRESS BISBIKOS, JOHN
CITY-ST-ZIP 405 N STATE ROAD 7
MARGATE FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CHARLES GODEL
STREET ADDRESS 2049 S. OCEAN DR #1203
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

CHARLES GODEL

Date

4/18/00

Daytime Phone #

954-609-6009