

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007476

1. Entity Name

R R T JEWELRY MANUFACTORY, INC.

FILED

Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90148 023 \*\*\*150.00

Principal Place of Business

Mailing Address

8013 WEST 21ST COURT  
HIALEAH FL 33016

8013 WEST 21ST COURT  
HIALEAH FL 33016-1833

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

65-0810889

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

TOSCO, LIVIO  
8013 WEST 21ST COURT  
HIALEAH FL 33016

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 P ☐ Delete  
NAME TOSCO, LIVIO  
STREET ADDRESS 3400 SW 136TH AVE  
CITY-ST-ZIP HIRAMAR FL 33027

TITLE ☒ Change ☐ Addition  
NAME TOSCO, LIVIO  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☐ Delete  
NAME RANIREZ, ONELIO  
STREET ADDRESS 5356 W 14TH LANE  
CITY-ST-ZIP HIALEAH FL 33012-2229

TITLE ☒ Change ☐ Addition  
NAME VST  
STREET ADDRESS RANIREZ, ONELIO  
CITY-ST-ZIP

TITLE SV ☒ Delete  
NAME RAMIAEZ, GILBERTO  
STREET ADDRESS 9990 NW 135TH ST.  
CITY-ST-ZIP HIALEAH FL 33016

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIVIO TOSCO  
PRESIDENT

Date

Daytime Phone #

2/8/2000 818-0880

CR2F034 (9/99)