## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000015461

1. Entity Name

STREET ADDRESS

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYNED OF PHIN

CITY-ST-ZIP

BLACKSTONE JEWELRY. CORP.

Principal Place of Business

Mailing Address

18901 SOUTH DIXIE HIGHWAY PERRINE FL 33157 18901 SOUTH DIXIE HIGHWAY PERRINE FL 33157-7710

3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0813752 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required .7...Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name **OBEID, BOUSTROS Y** Street Address (P.O. Box Number is Not Acceptable) 18901 SOUTH DIXIE HIGHWAY PERRINE FL 33157 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State QNS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition VPTD ☐ Delete TITLE TITLE BOUTROS Y BEID OBEID. BOUSTROS Y NAME 18901 S. DIVIE HIGHWAY 18901 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP PERRINE FL 33150 CITY-ST-ZIP PERRINE FL 33157 Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

STREET ADDRESS

CITY-ST-ZIP

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

D NAME OF SIGNING OFFICER OR DIRECTOR

May 13, 2000 8:00 am Secretary of State

05-13-2000 90006 029 \*\*\*150.00