

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048359

1. Entity Name

CARMEN JEWELRY, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90031 010 \*\*\*150.00

Principal Place of Business

Mailing Address

7225 BELLE MEADE BLVD  
MIAMI FL 33138

7225 BELLE MEADE BLVD  
MIAMI FL 33138-5268

2. Principal Place of Business

3. Mailing Address

401 NW 38TH ET

7200 SW 5TH TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #S-7

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33125

MIAMI DADE

33144

MIAMI DADE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, ROLANDO  
7225 BELLEMEADE BLVD  
MIAMI FL 33138

Name

Delgado Rolando

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

7200 SW 5TH TERR

City

MIAMI,

FL

Zip Code

33144

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/00

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 PVSD ☐ Delete  
NAME DELGADO, ROLANDO  
STREET ADDRESS 7225 BELLEMEADE BLVD  
CITY-ST-ZIP MIAMI FL 33138

TITLE PUSD ☒ Change ☐ Addition  
NAME Delgado Rolando  
STREET ADDRESS 7200 SW 5TH TERR  
CITY-ST-ZIP MIAMI, FL 33144

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

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:

*[Signature]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 305-875-5498

Date

Daytime Phone #

CR2004 (MAY)