

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000055003** ...  
 1. Entity Name **Nature's Jewels Inc. R**

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90633 044 \*\*\*150.00

Principal Place of Business Mailing Address  
**12295 SW 151 ST**  
**Miami, FL., 33186**

**00066757**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **12975 S.W. 192 ST.**  
 Suite, Apt. #, etc.  
 City & State **Miami, FL.**  
 Zip **33177** Country **Miami, Dade**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **650842905** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Julie Reiter**  
**5900 SW 59 STREET**  
**Miami, FL. 33143**

7. Name and Address of New Registered Agent  
 Name **Julie Narkiewicz**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12975 S.W. 192 STREET**  
 City **Miami,** **FL** Zip Code **33177**

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: **Julie Narkiewicz** **Julie Narkiewicz**  
 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	Director	<input checked="" type="checkbox"/> Delete	TITLE	Director/owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Reiter		NAME	Julie Narkiewicz	
STREET ADDRESS	5900 SW 59 ST.		STREET ADDRESS	12975 S.W. 192 ST	
CITY - ST - ZIP	Miami, FL. 33143		CITY - ST - ZIP	Miami, FL. 33177	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: **Julie Narkiewicz** **(305) 969-4476**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)