

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90396 033 \*\*\*150.00

DOCUMENT # P98000070245

1. Entity Name

J.MADISON JEWELRY, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2612 Sawgrass Mills Cir

Suite, Apt. #, etc.

#1511

City & State

Sunrise, FL

Zip

33323

Country

US

3. Mailing Address

2612 Sawgrass Mills Cir

Suite, Apt. #, etc.

#1511

City & State

Sunrise, FL

Zip

33323

Country

US

4. FEI Number

65-0855932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lee, Tamil J

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

2612 Sawgrass Mills Circle Suite #1511

City

Fort Lauderdale

FL

Zip Code

33323

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 to May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE P  
NAME Lee, Jamil J  
STREET ADDRESS 4915 SW 5th ST  
CITY - ST - ZIP MIAMI, FL 33027

TITLE VPSD  
NAME Lee, Susie H  
STREET ADDRESS 6355 NW 201 Lane  
CITY - ST - ZIP Miami, FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME  
STREET ADDRESS 4915 SW 164th Ave  
CITY - ST - ZIP MIAMI, FL 33027

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)