## 2000 UNIFORM BUSINESS REPORT (UBR)

## Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P98000073572 PARK AVENUE JEWELERS, INC. 08-22-2000 90234 032 \*\*\*150.00 Principal Place of Business Mailing Address 505 NORTH PARK AVENUE 505 NORTH PARK AVENUE SUITE 107 SHITE 107 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3531180 Not Applicable Country Ζip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 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. StGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible \_FILE\_NOW!!! FEE IS \$550.00;- - - - - -\$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TORRES, JOSEPH A NAME STREET ADDRESS 1720 E KALEY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete TITLE Change Addition TORRES, GEORGE P NAME NAME 307 STERLING LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **OCOEE FL 34761** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS 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 trust the 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 agrees, with all other like empowered.

SIGNATURE: SICALITY E REQUIRED

Daytime Phone #

Attachment Doc.#P98000873572 POUT3997

TO THE DIVISION OF CORPORATIONS.

AS PER MY LAST CONVERSATION WITH A REPRESENTATIVE FROM YOUR OFFICE I EXPLANIED THAT WE SENT OUR UNIFORM BUSINESS REPORT BACK IN APRIL ALONG WITH A CHECK FOR \$150.00. I HAVE CHECKED WITH MY BANK AND FOR SOME REASON THE CHECK HAS NOT CLEARED. I WILL HAVE TO ASSUME THAT EITHER THE MAILING WAS LOST IN THE MAIL OR THE MAILING WAS LOST IN YOUR OFFICE. I HAVE INSTRUCTED MY BANK TO CANCEL THE CHECK AS I HAVE CUT A NEW CHECK FOR 150.00 ALONG WITH THE SEPTEMBER 13<sup>TH</sup> UNIFORM BUSINESS REPORT. I AM HOPING THAT THIS TIME WE HAVE NO PROBLEMS FILING OUR REPORT.

SINCERELY,

JOSEPH TORRES
PRESIDENT
PARK AVENUE JEWELERS, INC.