

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079946

1. Entity Name

R & N JEWELRY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90040 026 ***150.00

Principal Place of Business
18901 S DIXIE HWY
PERRINE FL 33157

Mailing Address
C/O PEREZ BEHAR & ASSOC., INC
14780 NE 10TH AVE
N MIAMI FL 33161-2454



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
PEREZ BEHAR & ASSOC., P.A.
Suite, Apt. #, etc.
13935 NW 1st AVENUE
MIAMI, FLORIDA 33168
City & State
Zip

4. FEI Number **65-0730504**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PINKHASOV, RUBENKHAY
18901 SOUTH DIXIE HIGHWAY
PERRINE FL 33157

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE _____ DATE _____
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 Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	PTSD PINKHASOV, RUBENKHAY 18901 SOUTH DIXIE HIGHWAY PERRINE FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Rubenkhay Pinkhasov** 4/3/00 (305) 235-2656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)