

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080545

1. Entity Name

YAZFER JEWELER'S INC.

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90006 026 ***550.00

Principal Place of Business

Mailing Address

INTERNATIONAL JEWELRY EXCHANGE
7161 SW 118TH AVE #29
MIAMI FL 33183

INTERNATIONAL JEWELRY EXCHANGE
7161 SW 118TH AVE #29
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

YAZFER JEWELER'S INC.

Yazfer Jeweler's Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4501 SW 98 CT

P.O. BOX # 651611

City & State

City & State

Miami Florida

MIAMI FL

Zip

Country

33165 USA

Zip

Country

33265 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0865764

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, FERNANDO A
4501 S.W. 98TH CT.
MIAMI FL 33165

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

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	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, FERNANDO	
STREET ADDRESS	4501 S.W. 98TH CT.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, YAZMIN	
STREET ADDRESS	4501 SW 98 CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00

305-3100210

CR2E034 (9/99)