

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

DOCUMENT # P98000097953

1. Entity Name

JEWELERS FINANCING, INC.



FILED

03 APR -8 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36 NE 1ST STREET

3. Mailing Address

~~36 NE 1ST STREET~~

3291 N.E. 164th St

Suite, Apt. #, etc.

601

Suite, Apt. #, etc.

601

City & State

MIAMI, FL

City & State

MIAMI, FL

N. miami beach FL

4. FEI Number

65-0878215

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT WAKNINE

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

36 NE 1ST STREET, STE. 601

City

MIAMI

FL

Zip Code

33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

ROBERT WAKNINE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

ROBERT WAKNINE

STREET ADDRESS

36 NE 1ST STREET, STE. 601

CITY-ST-ZIP

MIAMI, FL 33132

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

600015442996

04/08/03--01002--007 **150.00

TITLE

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT WAKNINE

Date

4/2/03

305-947-5456
Daytime Phone #

CR2E034B (12/02)