

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90187 018 ***150.00

0177205 AV

DOCUMENT # P98000098971

1. Entity Name

ELLA'S SILVER COLLECTION, INC.

Principal Place of Business

4165 CORAL SPRINGS DR
 CORAL SPRINGS FL 33065

Mailing Address

4165 CORAL SPRINGS DR
 CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0879374

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

ARONOV, ELLA

~~4165 CORAL SPRINGS DR~~

~~CORAL SPRINGS FL 33065~~

654 N.W. 111 Terr
 Coral Springs, FL,
 33071

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, 2002 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
 NAME ARONOV, ELLA
 STREET ADDRESS 4165 CORAL SPRINGS DR
 CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE P¹ ARONOV, ELLA ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 654 N.W. 111 Terr
 CITY-ST-ZIP Coral Springs FL 33071

TITLE VP
 NAME ARONOV, MICHAEL
 STREET ADDRESS 4165 CORAL SPRINGS DR
 CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE V.P. ARONOV Michael ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 654 N.W. 111 Terr
 CITY-ST-ZIP Coral Springs FL 33071

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ella Aronov REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)