

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100702

1. Entity Name

FEDERAL JEWELRY, PAWN & LOAN, INC.

Principal Place of Business

Mailing Address

4330 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

4330 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308-5208

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

65-0879462

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

DEVINE & SEGAL, P.A.
SUITE A-106
4300 N. UNIVERSITY DRIVE
FORT LAUDERDALE FL 33351

Name

FRANK JOSEPH HESTON, ATTORNEY AT LAW

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

9900 WEST SAMPLE ROAD, SUITE 400

CORAL SPRINGS

City

FLORIDA

FL

Zip Code

33065

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

Frank Joseph Heston FRANK JOSEPH HESTON *8/9* 1/13/00
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 P
NAME SHIFRIN, DAVID
STREET ADDRESS 210-174 ST #2307
CITY-ST-ZIP MIAMI BEACH FL 33160 ☒ Delete

TITLE S
NAME PALAGIN, IGOR
STREET ADDRESS 6301 N. UNIVERSITY DR., BLDG #1, APT 314
CITY-ST-ZIP TAMARAC FL 33321 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PRESIDENT
NAME LEONID WEINSTEIN
STREET ADDRESS 1401 S. OCEAN BLVD. APT. 209
CITY-ST-ZIP POMPADOR BEACH, FL. 33062 ☒ Change ☐ Addition

TITLE SECRETARY
NAME LEONID WEINSTEIN
STREET ADDRESS 1401 S. OCEAN BLVD. APT. #209
CITY-ST-ZIP POMPADOR BEACH, FL. 33062 ☒ Change ☐ Addition

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

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

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

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:

Leonid Weinstein PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000 (954) 491-4588
Date Daytime Phone #
(954) 788-5542

CR2E034 (9/99)