

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001290

1. Entity Name

J F JEWELRY INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90152 024 ***150.00

Principal Place of Business

Mailing Address

10920 W. FLAGLER ST.
SUITE 204
MIAMI FL 33174

10920 W. FLAGLER ST.
SUITE 204
MIAMI FL 33174-1243

00068356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

FIGUEREDO, JORGE F
10920 W. FLAGLER ST.
SUITE 204
MIAMI FL 33174

Name Betsabe M. Figueredo
Street Address (P.O. Box Number is Not Acceptable)
10930 W. Flagler St. #304
Suite 304
City MIAMI FL Zip Code 33174

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 Betsabe M. Figueredo BETSABE M. FIGUEREDO

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-2000

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 PTD ☒ Delete
NAME FIGUEREDO, JORGE F
STREET ADDRESS 10920 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33174

TITLE PTD ☒ Change ☐ Addition
NAME BETSABE M. Figueredo
STREET ADDRESS 10930 W. Flagler St. #304
CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Betsabe M. Figueredo BETSABE M. FIGUEREDO 4-14-2000 (305) 227-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS 1 014 (9/93)