

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 035 ***150.00

DOCUMENT # **P99000011930**

1. Entity Name

SOUTH BEACH JEWELRY EXCHANGE INC

Principal Place of Business

Mailing Address

521 LINCOLN RD**SAME****MIAMI BEACH FL 33160**

2. Principal Place of Business

3. Mailing Address

SAME**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650893914

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

658316**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LAZIMI AL****16460 NE 34TH AVE****NORTH MIAMI BEACH FL 33160**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY - ST - ZIP
LAZIMI ERICK ☐ Delete
16460 NE 34TH AV
NO MIAMI BEACH FL 33160TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LAZIMI NICOLE ☐ Delete
16460 NE 34TH AV
NO MIAMI BEACH FL 33160TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

CR2E034 (11/00)

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

4/30/01 **305 538 8312**
Date Daytime Phone #