

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90243 026 \*\*\*150.00

DOCUMENT # 899 0000 29034

1. Entity Name

MILLENNIUM JEWELRY INC



**DO NOT WRITE IN THIS SPACE**

11017124

2. Principal Place of Business

521 LINCOLN ROAD

3. Mailing Address

521 LINCOLN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0918152

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NICOLE LAZIMI

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

521 LINCOLN ROAD

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Arnel*

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  
NAME

DPST  
NICOLE LAZIMI  
521 LINCOLN ROAD  
MIAMI BEACH FL 33139

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

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NAME

STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Arnel*

CR2E034B (12/02)