

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040684

1. Entity Name
JEWELRY BOX, INC.

Principal Place of Business
AMY NACCARATO
1175 NORTHWEST 116TH AVENUE
CORAL SPRINGS FL 33071

Mailing Address
% AMY NACCARATO
1175 NORTHWEST 116TH AVENUE
CORAL SPRINGS FL 33071

2. Principal Place of Business
5700 OKEECHOBE BLVD
Suite, Apt. #, etc.
BOOTH 106

City & State
W. PALM BEACH FL

Zip
33417

Country
U.S.A

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
BARBARA SANDERS
Street Address (P.O. Box Number is Not Acceptable)
11822 W. SAMPLE RD
City
CORAL SPRINGS 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
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE
4/11/00

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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, BARBARA		NAME	BARBARA SANDERS	
STREET ADDRESS	1175 NORTHWEST 116TH AVENUE		STREET ADDRESS	11822 W. SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP	CORAL SPRINGS FL, 33065	
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACCARATO, AMY		NAME		
STREET ADDRESS	1175 NORTHWEST 116TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 or empowered.

SIGNATURE: Barbara Sanders 4/11/00 (561) 686 8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90229 001 ***150.00

A3041000



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0926816

Applied For
☐ Not Applicable

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

CR2E034 (9/99)