

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000056788**

1. Entity Name
PRESTIGE JEWELERS, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90404 041 ***150.00

Principal Place of Business

Mailing Address

3401 N 47 AVENUE
HOLLYWOOD, FL 33021

3401 N 47 AVENUE
HOLLYWOOD, FL 33021

00000000

2. Principal Place of Business

3. Mailing Address

11401 NW 12 Street

11401 NW 12 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

117A

117A

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33172

USA

33172

USA

4. FEI Number
65-1008139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANIDJAR, SAMUEL
3401 N 47 AVENUE
HOLLYWOOD, FL 33021

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANIDJAR, SAMUEL
3401 N. 47 AVENUE
HOLLYWOOD, FL 33021 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
ANIDJAR ISAAC J
168 E FLAGLER ST
MIAMI FL 33021 ☐ Delete

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

TITLE
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4 30 01 306 718 8780

CR2E034 (11/00)