

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90183 043 ***150.00

DOCUMENT # P99000056788

1. Entity Name
PRESTIGE JEWELERS, INC.

Principal Place of Business

~~11401 NW 12 STREET #117A~~
~~MIAMI FL 33172~~

Mailing Address

~~11401 NW 12 STREET #117A~~
~~MIAMI FL 33172~~

2. Principal Place of Business

930 Ocean Drive

Suite, Apt. #, etc.

3. Mailing Address

930 Ocean Drive

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1008139

Applied For

☐ Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANIDJAR, SAMUEL
3401 N 47TH AVE
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
NAME **ANIDJAR, SAMUEL**
STREET ADDRESS **3401 N 47TH AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 29.02 30.5 331-5252
 Date Daytime Phone #

CR2E034 (9/01)