

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060728

1. Entity Name
BIG-BEN'S JEWELRY, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State
02-27-2001 90335 013 ***150.00

Principal Place of Business

**2722 N.W. 72ND AVENUE
MIAMI FL 33122**

Mailing Address

**2722 N.W. 72ND AVENUE
MIAMI FL 33122**

0004330

2. Principal Place of Business

36 NE 1st Street

Suite, Apt. #, etc.

1030

City & State

MIAMI FL

Zip

33132

Country

US

3. Mailing Address

36 NE 1st Street

Suite, Apt. #, etc.

1030

City & State

MIAMI FL

Zip

33132

Country

US

4. FEI Number

65-0931886

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NAVARRO, MARIA M

**2722 N.W. 72ND AVENUE
MIAMI FL 33122**

**36 NE 1st Street
MIAMI FL 33132**

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, 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	NAVARRO, MARIA M	
STREET ADDRESS	2722 N.W. 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Navarro, Maria M	
STREET ADDRESS	36 NE 1st Street, Suite 1030	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **Maria M. Navarro**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-01 305-372-2384

Date

Daytime Phone #

CR2E034 (10/00)