

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065796

1. Entity Name

WEST PINES JEWELRY, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90009 001 \*\*\*150.00

Principal Place of Business

Mailing Address

15969 PINES BOULEVARD  
PEMBROKE PINES FL 33026

15969 PINES BOULEVARD  
PEMBROKE PINES FL 33027-1221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0936258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

Robert Miret

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

15969 Pines Blvd

City

Pembroke Pines

FL

Zip Code

33026

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

Robert Miret

1/29/00

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  
NAME MIRET, ROBERT  
STREET ADDRESS 15969 PINES BOULEVARD  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD  
NAME MIRET, ANTONETTE  
STREET ADDRESS 15969 PINES BOULEVARD  
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME IVONNE ESTEVEZ  
STREET ADDRESS 942 SW 176th Ave  
CITY-ST-ZIP Pembroke Pines, FL 33029

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME ORLANDO M ESTEVEZ  
STREET ADDRESS 942 SW 176th Ave  
CITY-ST-ZIP Pembroke Pines, FL 33029

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Miret

1/29/00

Date

(954) 437-6700

Daytime Phone #

CR2E034 (9/99)