


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State
07-21-2003 90359 045 ***150.00

0073931 AV

DOCUMENT # P99000078213	
1. Entity Name JEWELRY BY SUSAN, INC.	

Principal Place of Business 7152 N. UNIVERSITY DRIVE TAMARAC FL 33321	Mailing Address 7152 N. UNIVERSITY DRIVE TAMARAC FL 33321
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 65-0946852	Applied For Not Applicable
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GOLDSTEIN, ROBERT 7152 NORTH UNIVERSITY DRIVE TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN GOLDSTEIN 7152 N. UNIVERSITY DR TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Goldstein **SIGNATURE REQUIRED** 7/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment
JEWELRY BY SUSAN INC
715 N UNIVERSITY DRIVE
TAMPA, FLORIDA 33321

80132907
P99000078213

JULY 16, 2003

JT

UNIFORM BUSINESS REPORT

DIVISION OF CORPORATIONS

P.O. BOX 1500

TALLAHASSEE, FL 32302-1500

RE: Doc # P99000078213

GENTLEMEN:

My ACCOUNTANT WAS HERE IN APRIL AND I TOLD HIM I DID NOT RECEIVE THE UNIFORM BUSINESS REPORT FOR 2003. HE WROTE A LETTER TO YOU ASKING FOR A REPORT. HE IS HERE TODAY AND I SHOWED HIM THE ENCLOSED REPORT WHICH I ONLY RECENTLY RECEIVED.

ENCLOSED IS A CHECK FOR \$150.00 AND THE REPORT. I WOULD HAVE SENT IT IN SOONER BUT I DID NOT HAVE THE FORM.

PLEASE ACCEPT THE CHECK AND FORM AS I, ~~THE~~ WANTED TO PAY IT BEFORE MAY 1 BUT DID NOT HAVE THE FORM.

THANK YOU.

Sincerely,

Susan Cohen
SUSAN COHEN

P99000078213