

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 03, 2000 8:00 am
Secretary of State

03-20-2000 90200 009 ***150.00

DOCUMENT # P99000080601

1. Entity Name

SAMMY DISCOUNT JEWELRY, INC.

Principal Place of Business

3015 N.W. 79TH STREET
 SUITE E50
 MIAMI BEACH FL 33147

Mailing Address

3015 N.W. 79TH STREET
 SUITE E50
 MIAMI BEACH FL 33147-4705

2. Principal Place of Business

64 N.E 1st ST

Suite, Apt. #, etc.

MIAMI

City & State

Florida

Zip

33132

Country

USA

3. Mailing Address

64 N.E 1st ST

Suite, Apt. #, etc.

MIAMI

City & State

Florida

Zip

33132

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-094 8149

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALIM, MOUISE
 3015 N.W. 79TH STREET
 SUITE E50
 MIAMI BEACH FL 33147

64 N.E 1st ST
 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, 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

TITLE PVST
 NAME SALIM, MOUISE
 STREET ADDRESS 3015 N.W. 79TH STREET, SUITE E50
 CITY-ST-ZIP MIAMI BEACH FL 33147

☐ Delete

TITLE D
 NAME SALIM, MOUISE
 STREET ADDRESS 3015 N.W. 79TH STREET, SUITE E50
 CITY-ST-ZIP MIAMI BEACH FL 33147

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)