

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081637

1. Entity Name

D & J GOLDSMITHS, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90031 022 ***150.00

Principal Place of Business

Mailing Address

3114 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

3114 N. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064-6738

2. Principal Place of Business

3114 N FEDERAL HWY

3. Mailing Address

SAME AS # 2

Suite, Apt. #, etc.

LIGHTHOUSE POINT

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT

City & State

33064

Country
USA

Zip

Country

4. FEI Number

65-0947722

Applied For

Not Applicable

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

SMITH, ROBERT H

3170 N. FEDERAL HIGHWAY, SUITE 116
LIGHTHOUSE POINT FL 33064

Name

JOSE SOUZA

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

3114 N FEDERAL HWY

City LIGHTHOUSE POINT

FL

Zip Code 33064

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

JOSE SOUZA - PRESIDENT/TREASURER 01/15/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P/T
JOSE SOUZA
8407 RED WAGON LANE
BOCA RATON FL 33433

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/S
JACINTHO PASSETTO
8407 RED WAGON LANE
BOCA RATON FL 33433

☐ Delete

TITLE
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STREET ADDRESS
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☐ 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 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 duly empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/15/00 (954) 9417671