

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90151 007 ***150.00

DOCUMENT # S56689

1. Entity Name

D. KAUFMAN JEWELERS, INC.

Principal Place of Business

1801 PALM BEACH LAKES BLVD.
 PALM BEACH MALL SUITE 442
 WEST PALM BEACH FL 33401
 US

Mailing Address

1801 PAL BEACH LAKES BLVD.
 PALM BEACH MALL SUITE 442
 WEST PALM BEACH FL 33401
 US

2. Principal Place of Business

8750 MARLAMOR LN
 Suite, Apt. #, etc.

3. Mailing Address

8750 MARLAMOR LN
 Suite, Apt. #, etc.

City & State
 WEST PALM BEACH, FL

City & State
 WEST PALM BEACH, FL

4. FEI Number 65-0265348

Applied For
 Not Applicable

Zip
 33412

Country
 USA

Zip
 33412

Country
 U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FURR, ROBERT C ESQ
 INTERSTATE PLAZA, SUITE 412
 BOCA RATON FL 33486

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 KAUFMAN, DIANE
 1801 PALM BEACH LAKES BLVD
 WPB FL 33401 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 KAUFMAN, DIANE
 8750 MARLAMOR LANE
 WPB FL 33412 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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 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 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:

Diane Kaufman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
 PRESIDENT

Date 1/5/01

Daytime Phone # 561-626-8250

CR2E034 (10/00)