

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90507 013 ***158.75

DOCUMENT # S70463

1. Entity Name
GOLDEN JEWELERS, INC.

Principal Place of Business
1710 N.W. 45TH STREET.. #G11-12
WEST PALM BEACH FL 33407

Mailing Address
1710 N.W. 45TH STREET.. #G11-12
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0288612

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

CHEHAB, AHMAD A
1975 BRANDY WINE RD APT 202
WEST PALM BEACH FL 33409

Name CHEHAB, RIAD A.
Street Address (P.O. Box Number is Not Acceptable)
257 NW 35TH STREET
City BOCA RATON FL Zip Code 33431-5831

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 P
NAME CHEHAB, AHMAD A
STREET ADDRESS 2435 24TH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☒ Delete

TITLE P
NAME CHEHAB, RIAD A.
STREET ADDRESS 257 NW 35TH STREET
CITY-ST-ZIP BOCA RATON, FL 33431-5831 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 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 #

01/31/2001 (561) 392-5234

CR2E034 (10/00)