

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82975

1. Entity Name

JR ESTATE JEWELERS, INC.

Principal Place of Business

Mailing Address

5975 N. FED HWY
SUITE 118
FT LAUDERDALE FL 33308
US

5975 N. FED HWY
SUITE 118
FT LAUDERDALE FL 33308
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSHRO, ROBERT J
4621 NE 18 TERR 2756 NE 34 STREET
FT. LAUDERDALE FL 33308-33306

Name

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

2756 NE 34 STREET

City

FORT LAUDERDALE FL

Zip Code 33306

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	DPT	<input type="checkbox"/> Delete
NAME	MUSHRO, ROBERT J.	
STREET ADDRESS	5975 N. FED HWY, 118	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GRACIA, JOSEFINA	
STREET ADDRESS	5975 N. FED HWY, 118	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

ROBERT J. MUSHRO

Date

1/10/2000

Daytime Phone #

(954) 492 5050

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90086 018 ***150.00



DO NOT WRITE IN THIS SPACE