2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2002 8:00 am Secretary of State **DOCUMENT #** 309995 04-23-2002 90375 004 ****55.00 1. Entity Name ROSENTHAL JEWELERS SUPPLY CORP. 05-28-2002 91751 011 ***103.75 Principal Place of Business Mailing Address U (& (4 L 42 NE 25TH STREET 42 NE 25TH STREET MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - _____ City & State City & State 4. FEI Number Applied For 59-1153603 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADOUTH, DAISY Street Address (P.O. Box Number is Not Acceptable) 10155 COLLINS AVENUE **APT 804** BAL HARBOUR FL 33154 City 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) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VD Delete TITLE (9/01) ☐ Change ☐ Addition ADOUTH, DAISY NAME NAME STREET ADDRESS 138 NE 1ST AVE. STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP CITY-ST-71P TITLE. VST Delete TITLE ☐ Change Addition adouth, raphael NAME NAME STREET ADDRESS 138 NE 1ST AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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.