

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91178 020 ***150.00

DOCUMENT # P00000093262

1. Entity Name
 Marthita Jewelry, Inc.

Principal Place of Business Mailing Address
 10264 NW 52nd Terrace 10264 NW 52nd Terrace
 Miami, FL 33178 Miami, FL 33178

A0071532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 11401 NW 12th Street 11401 NW 12th Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Store Number 356 Store No. 356
 City & State City & State
 Miami, FL Miami, FL

4. FEI Number Applied For
 65-1046690 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

Name
 Katherine Idrovo
 9725 NW 52nd Street, #403
 Miami, FL 33178

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 Fernando Yopez (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/T/D	<input type="checkbox"/> Delete
NAME	Gustavo A. Yopez-Moreira	
STREET ADDRESS	9725 NW 52 nd Street, #403	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	Martha Castillo de Yopez	
STREET ADDRESS	9725 NW 52 nd Street, #403	
CITY-ST-ZIP	Miami, FL 33178	
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		

TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gustavo A. Yopez-Moreira	
STREET ADDRESS	9725 NW 52 nd Street, #403	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando Yopez	
STREET ADDRESS	9725 NW 52 nd Street, #403	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Fernando Yopez PRESIDENT 4/30/01 (305) 591-4230
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)