2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED

OR PRINTED NAM

OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED May 23, 2002 8:00 am Secretary of State DOCUMENT # P01000001875 1. Entity Name 05-23-2002 90003 034 ***150.00 SPECTRA DIAMOND PRODUCTS, INC. Principal Place of Business Mailing Address 1408 BRICKELL BAY DRIVE. #1018 1408 BRICKELL BAY DRIVE. #1018 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address Principal Place of Business ame Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALVA, JOSE ANTONIO Street Address (P.O. Box Number is Not Acceptable) 3140 S. OCEAN DRIVE, #501 HALLANDALE BEACH FL 33009 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME ALVA, ANTONIO NAME STREET ADDRESS 3140 S. OCEAN DRIVE, #501 STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH FL 33009 CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME 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 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 life empowered.