2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 385169** 1. Entity Name FABULOUS DIAMOND'S, INC. 01-19-2000 90246 048 ***150.00 Mailing Address Principal Place of Business 655 N.W. 57TH AVENUE 655 N.W. 57TH AVENUE MIAMI FL 33126-4814 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1357680 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERRO, SIMON Street Address (P.O. Box Number is Not Acceptable) 655 NW 57TH AVE **MIAMI FL 33126** 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change TITLE DST ☐ Delete MORALES, ELOISA FERRO NAME NAME STREET ADDRESS 655 N.W. 57TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE NAME SIMON FERRO STREET ADDRESS STREET ADDRESS 655 N.W. 57TH AVE CITY-ST-ZIE CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete ٧Ď NAME NAME FERRO, ANGEL M. STREET ADDRESS STREET ADDRESS 655 N.W. 57TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Change Delete TITLE TITLE NAME FERRO, SIXTO NAME STREET ADDRESS STREET ADDRESS **655 NW 57TH AVE** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 eath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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 others like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR