## **DOCUMENT # 551988** Aug 09, 2000 8:00 am Secretary of State 1. Entity Name SUNSHINE JEWELRY MANUFACTURING CO., INC. 07-19-2000 90023 030 \*\*\*\*61.25 08-09-2000 90087 034 \*\*\*488.75 Mailing Address Principal Place of Business 2980 A SIMMS ST 298Q A SIMNIS ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 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 59-1798253 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHARABY, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 2980 A SIMMS ST HOLLYWOOD, FL 33020 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) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition CONTRACTOR TITLE ☐ Delete TITLE SHARABY, BENJAMIN NAME NAME 2980 A SIMMS ST STREET ADDRESS STREET ANDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE TZVI, SHARBY NAME NAME 2980 A SIMMS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-712 ☐ Change ☐ Addition ☐ Delete YIGAL SHARBY NAME NAME 2980 SIMMS STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/E ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 trusted 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STVATURE

☐ Delete

Tzvi Sharaby, V.P.

☐ Change

☐ Addition