2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # 558776 PRECIOUS MOMENTS, INC. 01-27-2000 90077 050 ***150.00 Mailing Address Principal Place of Business 3838 N UNIVERSITY DR 3838 N UNIVERSITY DR SUNRISE FL 33351-6304 SUNRISE FL 33351-6300 101951 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 59-1791553 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERLUCCI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 10142 NW 13TH COURT PLANTATION FL 33322 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition ☐ Delete TITLE NAME MERLUCCI, ANTHONY NAME STREET ADDRESS 10142 NW 13TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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 into 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 in step empore every to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supplemy of the corporation or the receiver changed, or on an attachment with

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR