

FILED
Jan 27, 2000 8:00 am
Secretary of State

101951

[illegible]

DOCUMENT # 558776

1. Entity Name

PRECIOUS MOMENTS, INC.

Principal Place of Business

3838 N UNIVERSITY DR
SUNRISE FL 33351-6304
US

Mailing Address

3838 N UNIVERSITY DR
SUNRISE FL 33351-6300
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5. Name and Address of Current Registered Agent

MERLUCCI, ANTHONY
10142 NW 13TH COURT
PLANTATION FL 33322

Name

Street Address

City

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
MERLUCCI, ANTHONY
10142 NW 13TH CT
PLANTATION FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

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CITY - ST - ZIP

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12.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

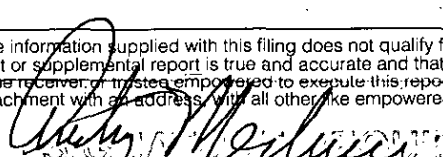
NAME

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 6033(c) of the Internal Revenue Code, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver, or trustee, empowered to execute this report as required by Chapter 607, F.S., changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR