FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90102 050 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 57 8773

1. Entity Name

CAPITAL CASTING JEWERLY INC. ✓

C0042934

Principal Place of Business
14N.E. 1ST AVENUE#507-A
MIAMI FLORIDA. 33112

Mailing Address
14N.E. 1ST AVENUE#507-A
MIAMI FLORIDA. 331112

2. Principal Place of Business | Suite, Apt. #, etc. | City & State | Zip | Country

3. Mailing Address | Suite, Apt. #, etc. | City & State | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1838740 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRTA FERRER
50 N.W. 43RD PLACE #16
MIAMI FLORIDA. 33125

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ____ NOTE: Registered Agent signature required when reinstating ____ DATE

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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/T/S MIRTA FERRER 50 N.W. 43RD PLACE MIAMI FLORIDA. 33112	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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 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 like empowered.

SIGNATURE: [signature] MIRTA FERRER(PRESIDENT) 03/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #