2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 31, 2002 8:00 am Secretary of State DOCUMENT # 652682 1. Entity Name J. C. JEWELRY MFG., INC. 01-31-2002 90041 046 ***150.00 Principal Place of Business Mailing Address 36 N.E. 1ST STREET 36 N.E. 1ST STREET 303 SEYBOLD BLDG. 303 SEYBOLD BLDG. MIAMI FL 33132 MIAMI FL 33132 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2017356 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONTRERAS, ENRIQUE, JR Street Address (P.O. Box Number is Not Acceptable) 117 N.E. 1ST AVENUE NEW IST MIAMI FL 33132 MIAMI tity submits this statement of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE Change ☐ Addition NAME CONTRERAS, ENRIQUE, JR 36 NE 15 5T. #307 STREET ADDRESS 36 ALW. 1ST STREET, STE. 303 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZiP Delete TITLE TITLE Change Addition NAME CONTRERAS, DAVID NAME STREET ADDRESS 36 N.E. 1ST STREET, STE. 303 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of 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.