200	I ONIFORM BUS	INESS REPO	PRT (UBI	R)				
1. Éntity Nar	MENT # F 24041		`.		•		•	
JESUS PEREZ JEWELRY INC				.		,		
The second of th				ļ	FILED			
Principal Place of Business Mailing Address					OI OCT LI AMII: 40			
		250 N.W. COTH AVE						
			CA 33126		SECRETARY OF STATE TALLAHASSEE FLORIDA			
		marine , F			IALLAHAGGE	- 1 LONION		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		250 N.W. GOTH AVE Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City 9 Clots		City & City						
City & State		City & State MIAMI, FCA		4.	FEI Number 59-2084113	-	Applied For Not Applicable	
Zip	Country	33126	Country	5.	Certificate of Status Desired		Additional	
6. Name and Address of Current Registered Agent				7.	Name and Address of New Re	Fee Req	uired	
D.	T-ci-		Name				1745 W-1414	
PEREL JESUS				ddress (P.O.	Box Number is Not Acceptable)			
250 N.W. GOTH AVE					<u> </u>	/01 01050	6	
MIAMI, FRA 3312			City		****	50.00 ***	¥750,00 Code	
8 The above	named entity submits this statement for	the purpose of changing its	registered office or	registered o	good, or both, in the State of Etra-	<u> </u>		
0 , 1710 (1000)	A state ment for	-	registered office of	registered a	gent, or both, in the state of Flor	ida.		
SIGNATURE	Signature, typed or printed name of registered agent as	\$.					
. Ti		Name to the second second	E: Registered Agent signatu	·马·克拉斯森和海里亚斯岛	reinstating)	DATE		
	pration is eligible to satisfy its Intangible requirement and elects to do so.	TOTAL SECURITION OF THE PROPERTY OF THE PROPER	!! FEE IS \$150.(01 Fee will be \$5	The second secon	10. Election Campaign Fina Trust Fund Contribution.		5.00 May Be	
	ria on back)	Make Check Payat	le to Department				Ided to Fees	
11.	OFFICERS AND D	DIRECTORS Delete	12.	A	DDITIONS/CHANGES TO OFFICE	CERS AND DIRECT		
NAME	PEREZ JESUS		NAME			[_] (Annua	No Contract	
STREET ADDRESS CHY-ST-ZIP	MIAMI FCA 331)		STREET ADDRESS CITY-ST-ZIP				ļ	
TITLE	menon per son	☐ Delete	TITLE			☐ Chang	ge 🔲 Addition	
NAME			NAME				_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	•		•	,	
TITLE		☐ Delete	TITLE	•		☐ Chang	ge Anditron	
NAME Street address	g.··		NAME STREET ADDRESS		n ma a' mare ' ')		,	
CITY-ST-ZIP	98			NEN	LENT 2001	_	ļ	
TITLE		Delete	TITLE			☐ Chang	ge 🔲 Addition	
NAME Street Address			NAME STREET ADDRESS		MM	\wedge	 	
CITY-ST-ZIP		- 18/11/20	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		\propto	☐ Chang	ge 🔲 Addition	
STREET ADDRESS		•	STREET ADDRESS		Y			
CITY-ST-ZIP			CITY-ST-ZIP					
HTLE NAME		☐ Delete	TITLE NAME			Chang	ge 🗌 Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	******				
13. Thereby o	ertify that the information supplied with t	his filing does not qualify for	the exemption state	ed in Section	119.07(3)(i), Florida Statutes. I f	urther certify that th	ne information	

Analogy coming that the information supplied with this initing does not quality for the exemption stated in Section 119.07(3)(f), 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.

10-10-01 (305) 266-1812