2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # F73893** 1. Entity Name ALEXIS JEWELS, INC. 03-23-2000 90009 039 ***150.00 Principal Place of Business Mailing Address 1431 SW 107TH AVE 1431 SW 107TH AVE MIAMI FL 33174-2509 MIAMI FL 33174 1.0043416 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2178453 Not Applicable Country Zìp Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASTILLO, MAYDELIN Street Address (P.O. Box Number is Not Acceptable) 4421 N. ARMENIS AVE. **TAMPA FL 33603** 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition PST TITLE TITLE ☐ Delete CASTILLO, MAYDELIN NAME NAME STREET ADDRESS STREET ADDRESS 4421 N. ARMENIA AVE. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33603 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition 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 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 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

3/12/00

Daytime Phone #