2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am F96000005833 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90037 027 ***150.00 CANDELA JEWELRY INC. Principal Place of Business Mailing Address 4507 NW 103RD AVENUE 4507 NW 103RD AVENUE B0021838 SUNRISE FL 33351 SUNRISE FL 33351 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 13-2976407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEAVER, JEFFERSON H Street Address (P.O. Box Number is Not Acceptable) 871 EAST COMMERCIAL BOULEVARD FT. LAUDERDALE FL 33334 City Zio Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Change ☐ Addition ☐ Delete KOCHMAN, THOMAS H NAME NAME 16490 BROOKFIELD ESTATES STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP CITY-ST-ZIP TITLE TD ☐ Delete ☐ Change ☐ Addition KOCHMAN, RHONA NAME NAME 16490 BROOKFIELD ESTATES STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP CITY-ST-ZIP TITLE **VD** Delete ☐ Change ☐ Addition CANDELA, ANTONIO NAME NAME CONDE SALVATIERRA, 16, 46004, VALENCIA STREET ADDRESS STREET ADDRESS SPAIN CITY-ST-ZIP CITY-ST-ZIP SVC TITLE ☐ Delete Change ☐ Addition CANDELA, ANDRES NAME CONDE SALVATIERRA, 16, 46004, VALENCIA STREET ADDRESS STREET ADDRESS **SPAIN** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition ROSES, EDUARDO M NAME NAME CALLE 153 NO. 3, 46182 LA CANYADA STREET ADDRESS STREET ADDRESS VALENCIA, SPAIN CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 at other like empowered.

SIGNATURE:

Signazare requi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED