FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State DOCUMENT # J22023 1. Entity Name 05-20-2002 90306 049 ***150.00 SUNGOLD JEWELRY, INC. Principal Place of Business Mailing Address % IMRAN SUNGUR % IMRAN SUNGUR 7152 NORTH-UNIVERSITY DRIVE -7152 NORTH UNIVERSITY DRIVE-TAMARAC FL 33321 TAMARAG FL 33321 2. Principal Place of Business 3. Mailing Address 1953 N. UNIVERSITY 1953 N. UNIVERSITY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2694538 CORAL SPRINGS CORAL SPRINGS Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired *.*0.5 33071 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNGUR, IMRAN Street Address (P.O. Box Number is Not Acceptable) 7152 NORTH-UNIVERSITY DRIVE -TAMARAC-FL 33321 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 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 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 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME SUNGUR, IMRAN NAME STREET ADDRESS 233 SW 159 AVENUE FORTAIL STREET ADDRESS CITY-ST-ZIP **SUNRISE FL** CITY-ST-ZIP WESTIN, FL 33311 ☐ Delete TITLE กร SUNGUR, SHANNON NAME STREET ADDRESS 233 SW-159 AVENUE FORTAIL LAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP SUNRISE ☐ Delete TITLE ☐ Change ■ Addition NAME _ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STANDALURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

(954) 575-9595 Daytime Phone #