2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K61488** May 01, 2000 8:00 am Secretary of State F & R JEWELERS INC. 05-01-2000 90458 012 ***158.75 Principal Place of Business Mailing Address % RICARDO FERBEYRE % RICARDO FERBEYRE 2. Principal Place of Business 3. Mailing Address N.E Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. MetroMal Metroma City & State 4. FEI Number Applied For City & State 65-0096144 3132 Miami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Daide Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent erbeyre FERBEYRE, RICARDO Street Address (P.O. Box Number is Not Acceptable). 700 O.W. 40TH ST. 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Addition TITLE RICORDO MetroMail L FERBEYRE, RICARDO NAME NAME 9700-914-18TH 9T STREET ADDRESS STREET ADDRESS 33132 MIAMIFE CITY-ST-ZIP MIa mi CITY-ST-ZIE Change : ☐ Addition **VDP** TITLE TITLE Delete Ricardo + 1 Street FL 33132 FERBEYRE, RICARDO NAME NAME MetroMall L-3 STREET ADDRESS 6700 SAV. 48TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MAMPE ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE 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 CITY-ST-ZIE 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 or trusted empowered to effect 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: