2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # K71927** Mar 16, 2000 8:00 am **Secretary of State** Y & S JEWELRY, INC. 03-16-2000 90091 033 ***150.00 Principal Place of Business Mailing Address 5115 N SOCRUM LOOP RD 981 E MEMORIAL BLVD LAKELAND FL 33801 STE 123 LAKELAND FL 33809-4293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0107039 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HWANG, YONG S. Street Address (P.O. Box Number is Not Acceptable) 981 E MEMORIAL BLVD LAKELAND FL 33809 Zip Code City 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 DATE 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE HWANG, YONG S. NAME NAME STREET ADDRESS 5115 North Socrum Loop Rd.#123 5115 NSOCRUM LOOP RD #123 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Delete TITLE NAME HWANG, SEUNG JA NAME 5115 North Socurum Loop Rd. #123 STREET ADDRESS STREET ADDRESS 5115 NSOCRUM LOOP RD #123 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yong Sung Hwang, Pres. 3/8/2000 (941)688-8528

Daytime Phone #

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