2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # M25908** BESU JEWELERS, INC. 04-25-2001 90109 015 ***150.00 Principal Place of Business Mailing Address 4286 PALM AVE 4286 PALM AVE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address P.O. Box 268145 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0118801 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired HZU Fee Required <u> 53326</u>-814 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BESU, CARLOS Street Address (P.O. Box Number is Not Acceptable) 3940 WEST 3RD AVENUE HIALEAH FL 33012 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, 2001 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 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE Change Addition TITLE BESU, CARLOS NAME (251 S.W. 1805 Terr. STREET ADDRESS 3940 W. 3RD AVE. STREET ADDRESS Fort Lauderdale, Fl 3333i CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL S ☐ Delete TITLE NAME BESU, LAZARA R. NAME STREET ADDRESS 3940 W. 3RD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF HIALEAH FL ☐ Delete TITLE TITLE NAME BESU, ELISIA NAME STREET ADDRESS 3940 W 3RD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

92946 A. Desu 4.16-01 USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR