2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am Secretary of State M25908 DOCUMENT # 1. Entity Name BESU JEWELERS, INC. 05-07-2002 90356 030 ***150 00 Principal Place of Business Mailing Address 4286 PALM AVE PO BOX 268145----HIALEAH FL 33012 WESTON FL 33326-8145 US 2. Principal Place of Business 3. Mailing Address P.O. BOX 268146 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0118801 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired りとり Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BESU, CARLOS** Street Address (P.O. Box Number is Not Acceptable) 6251 SW 180TH TERRACE FORT LAUDERDALE FL 33331 City 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) •9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be 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 PD TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition BESU, CARLOS NAME NAME 6251 SW 180TH TERR STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition BESU, LAZARA R. NAME STREET ADDRESS 6251 SW 180TH TERR STREET ADDRESS FORT LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-7IP TITLE **X** Delete TITLE Change ☐ Addition NAME BESU, ELISIA NAME STREET ADDRESS 14141 LEANING PINE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition ☐ Change NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED