2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # No. Entity Name	125914	
HE HOME OF WATCHES AND JEWELS INC.		
Principal Place of Business	Mailing Address	
C/O JOSE R. JUVIER	C/O JOSE R. JUVIER	
7755 SW 15TH ST	9755 SW 15TH ST	
AIAMI FL 33174	MIAMI FL 33174	
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FILED
Jan 13, 2003 8:00 am
Secretary of State
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2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2622206 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUVIER, JOSE R Street Address (P.O. Box Number is Not Acceptable) 9755 SW 15TH ST MIAMI FL 33174-0007 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. I am familiar with, and accept the obligations of registered agent. 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition JUVIER, JOSE R NAME NAME 9755 SW 15TH ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33174** CITY-ST-ZIP CITY-ST-ZIP **TSD** TITLE ☐ Delete Change ☐ Addition NAME JUVIER, CARIDAD NAME STREET ADDRESS 9755 SW 15TH ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP . 🔲 . Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: