

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

DOCUMENT # P00000003848

1. Entity Name
MOLINA JEWELRY, INC.

FILED

03 APR 30 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9626 CORAL WAY Suite, Apt. #, etc.	3. Mailing Address 14224 SW 23rd STREET Suite, Apt. #: etc.
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DO NOT WRITE IN THIS SPACE

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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0972868	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33165	Country MIAMI-DADE	Zip 33175-8023	Country MIAMI-DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
OSVALDO MOLINA

Street Address (P.O. Box Number is Not Acceptable)
9626 CORAL WAY

City
MIAMI FL Zip Code
33175-8023

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PSD	MOLINA, OSVALDO B 14224 SW 23rd STREET MIAMI, FLORIDA 33175-8023	TITLE NAME	100017339881 04/30/03--01006--007 *\$150.00
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE VD	MOLINA, LISSETT C 14224 SW 23rd STREET MIAMI, FLORIDA 33175-8023	TITLE NAME	DO NOT WRITE IN THIS SPACE
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE NAME		TITLE NAME	
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TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **OSVALDO B MOLINA-PRES** 3/2/2003 305-229-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)