2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008144

1. Entity Name
CARISMA JEWELERS CORP.

FILED
01 MAR -5 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6500 NW 186 STREET MIAMI FLORIDA 33015	6500 NW 186 STREET MIAMI FLORIDA 33015

2. Principal Place of Business	3. Mailing Address
1 NE 1ST STREET	1 NE 1ST STREET
Suite, Apt. #, etc.: SUITE #6	Suite, Apt. #, etc.: SUITE #6
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33132 Country: USA	Zip: 33132 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1023500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYRA R. LUIS
6500 NW 186 STREET
MIAMI FLORIDA 33015

7. Name and Address of New Registered Agent

Name: LORENZO CASTILLO
Street Address (P.O. Box Number is Not Acceptable): 1NE 1ST STREET SUITE #6
City: MIAMI FL Zip Code: 33132

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: X L Castillo
Signature, typed or printed name of registered agent and title if applicable (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) ☐

FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYRA R. LUIS 6500 NW 186 STREET MIAMI FLORIDA 33015 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRESIDENT LORENZO CASTILLO 1 NE 1ST STREET #6 MIAMI FLORIDA 33132 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003851478--4 -03/13/01--01121--016 ****158.75 ****158.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X L Castillo 3/2/01 305-3745444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #