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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 22, 2001 8:00 am DOCUMENT # P0000024637 **Secretary of State** 1. Entity Name PINES JEWELRY EXCHANGE, INC. 03-22-2001 90031 029 ***150.00 Principal Place of Business Mailing Address 11040 Pines Blad 1886 NW 127TH AVE. 1886 NW 1277H AVE. PEMBROKE-PINES FL 23028. PEMBROKE PINES FL 33028 11040 Pines BLUD 3302 G Pembroke Pines, H. 33026 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 105-04 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, JILL Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., SUITE 350-H HOLLYWOOD FL 33021 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE _ registered agent and tiple 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 \$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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) TITLE TITLE □ Change YACOBY SHERRI 11040 PNES BLUD YACOBY, SHERRI NAME NAME 1886 NW 127TH AVE 11040 Pines Bl vd STREET ADDRESS STREET ADDRESS PembroKEPINES, EL 33026 CITY-ST-ZIP PEMBROKE PINES FL 33028-CITY-ST-7IP ☐ Change TITLE Addition YACOBY YAIR YACOBY, YAIR NAME NAME 1886 NW 127TH AVE 11040 PINES BIVE BLUD STREET ADDRESS STREET ADDRESS Pembroke CITY-ST-7IP 2911 F1 33026 CITY-ST-ZIP PEMBROKE PINES FL-33028 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME 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 trueted 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 etherylike empowered.