200 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000028668 1. Entity Name CONGRESS JEWELRY, INC. 4-27-2001 90251 024 ***150.00 Principal Place of Business Mailing Address 1561 S. CONGRESS AVE. STE. B 1561 S. CONGRESS AVE. STE. B. DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address CONGRESS 1561 S DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1099167 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33445 U.S.A Fee Required 33445 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANOR, NORVIUS Street Address (P.O. Box Number is Not Acceptable) 7863 W. SAMPLE ROAD **CORAL SPRINGS FL 33065** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **Addition** PD M Delete TITLE TITLE FREDERICK NOEL PRUDHOMME, FRITZGERALD NAME NAME 4 995NW GTR CT DELRAY BEACH STREET ADDRESS 341-57_148TH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUEENS NY 11422 □ Change Addition Delete TITLE TITLE NAME CHARLES, CHENET NAME STREET ADDRESS STREET ADDRESS 4995 NW 10TH CT. CITY - ST - ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** Change Addition TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee empowered to execute this report as required by Chapter 607, Plorida 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

JATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

CR2E034 (10/00

Addition