Daytime Phone #

2001 UNIFORM BUSINESS REPORT, (UBR)

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 03, 2001 8:00 am DOCUMENT # P0000037250 Secretary of State EXCLUSIVE JEWELRY, INC. 05-03-2001 90916 011 ***150.00 Principal Place of Business Mailing Address 5212 S.W. 127 COURT 5212 S.W. 127 COURT MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber 6678 City & State City & State Applied For 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 Queirolo QUIROLO, MARCIA Street Address (P.O. Box Number is Not Acceptable) 5212 S.W. 127 COURT **MIAMI FL 33175** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 П Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Queirolo CR2E034 (10/00) 3ecretary /Treasurer ☐ Change TITLE ☐ Delete TITI F Quirlo, Hernan H KarinLCruz NAME NAME 6520 Sw 138c+ STREET ADDRESS STREET ADDRESS 5212 S.W. 127 COURT CITY-ST-ZIP CITY-ST-ZIP miami FL 33183 **MIAMI FL 33175** VPD Queirolo TIT! F ☐ Change ☐ Addition TITLE Delete -QUIRLO, MARCIA R NAME NAME 5212 S.W. 127 COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33175** CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE 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 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