2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

TURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

other like empowered.

May 11, 2001 8:00 am DOCUMENT # P0000079081 Secretary of State 1. Entity Name AMAZON GEMS INC 05-11-2001 90116 011 ***150.00 Principal Place of Business Mailing Address 80 KENDRA WAY APT 919 80 KENDRA WAY APT 919 PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address P.O. Box 6071 80 KENDAR WAN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3671 736 City & State City & State Applied For thru HARBOR PAZM HARBOR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired A, Z, VFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINHEIRO, FERNANDO C Street Address (P.O. Box Number is Not Acceptable) 80 KENDRA WAY APT 919 PALM HARBOR FL 34684 Zip Code City FL 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 \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) ☐ Change □ Delete TITLE TITLE PINHEIRO, DURVAL C. PINHEIRO, FERNANDO C NAME NAME BO KENTRA WAY, APT. 919 STREET ADDRESS STREET ADDRESS 80 KENDRA WAY APT 919 CITY-ST-ZIP CITY-ST-ZIP PARM HAPBOR FL 34684 PALM HARBOR FL 34684 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ---- Change --- Addition -- Delete TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change Addition 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 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

FILED