FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOCUMENT # P00000093262 Secretary of State Marthita Jewelry, Inc. 05-23-2001 91178 020 ***150.00 Principal Place of Business Mailing Address 10264 NW 52nd Terrace 10264 NW 52'd Terrace Miami, FL 33178 Miami, FL 33178 A0071532 2. Principal Place of Business 3. Mailing Address th Street .m Street 11401 NW 12 11401 NW 1 Suite, Apt. #, etc.
Store No. 356 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Store Number 356 City & State City & State 4. FEI Number Applied For 65-104669 Not Applicable 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 Katherine Idrovo 9725 NW 52nd Street, #403 Street Address (P.O. Box Number is Not Acceptable) Miami, FL 33178 City Zip Code Fl 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. 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, 200 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12. Addition TITLE PITID TITLE **X** Change ☐ Delete Gustavo A. Yepez-Moreira Gustavo A. Yepez-Moreiva 9725 NW 52nd Street, #403 NAME NAME 9725 NW 52 nd Street, #403 STREET ADDRESS STREET ADDRESS Miami, FL 33178 VISID CITY-ST-ZIP CITY-ST-ZIP <u>Miami FL 33178</u> ☐ Addition ☐ Change Delete NAME Martha Castillo de Yepez NAME 9725 NW 52nd Street, #403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33178 **Addition** Change Delete TITLE Fernando Yepez 9725 NW 52nd Street, \$403 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33178 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Change TITLE Delete 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report a 3 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.

PRESIDENT

SIGNATURE: