2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State P01000002933 DOCUMENT # 01-23-2002 90060 028 ***158.75 DIAMOND & JEWELRY IMPORTERS, INC. Principal Place of Business Mailing Address 11040 PINES_BLVD 11040 PINES BLVD PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address 3766 SW 50 St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For -2592656 -cuid erpal e Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3 7. Name and Address of New Registered Agent. □6.=Name and Address of Current Registered Agent. YAGUDAYEV, ARI **4847 SW 34 AVENUE** FT LAUDERDALE FL 33312 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. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Mosheyer, David **PSTD** ☐ Délete TITLE TITLE MOSHEYEV, DAVID 50 Street NAME NAME 3766 6932 198TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRESH MEADOWS NY 11365 CITY-ST-ZIP TITLE TITLE gudarer NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TMT Change 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 ☐ Delete TITLE . 🔲 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 changed, or on an attachment with an address, with all other like empowered. Pre Side VI

FILED Feb 25, 2002 8:00 am