2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:.

May 06, 2002 8:00 am[§] Secretary of State P01000006100 DOCUMENT # 1. Entity Name 05-06-2002 90070 032 ***158.75 CACHE JEWELERS, CORP. Principal Place of Business Mailing Address 11401 N.W. 12TH STREET #454 11401 N.W. 12TH STREET #454 MIAMI FL 33172 MIAMI FL 33172 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 651068526 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PUERTA, NIDIA Street Address (P.O. Box Number is Not Acceptable) 11401 N.W. 12TH STREET #454 **MIAMI FL 33172** 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. STD Change | TITLE ☐ Delete TITLE PUERTA, JOSE ALBERTO PUERTA, JOSE NAME NAME 11401 N.W. 12TH STREET #454 STREET ADDRESS STREET ADDRESS **MIAMI FL 33172** CITY-ST-7IP CITY-ST-7IP Addition TITLE ■ Delete TITLE NAME NAME PUERTAS, FANNY D STREET ADDRESS 11401 N.W. 12TH STREET #454 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Delete ☐ Change ☐ Addition TITLE PUERTA, NIDIA NAME NAME 11401 N.W. 12TH STREET #454 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ 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 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

Daytime Phone #