

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90064 027 \*\*\*150.00

**DOCUMENT #** P01000023772  
1. Entity Name  
**STHELLA GEMS COLLECTION, INC.**

**DO NOT WRITE IN THIS SPACE**

|  |  |  |  |
|--|--|--|--|
| 2. Principal Place of Business<br>15640 S.W. 80th St.<br>Suite, Apt. #, etc. 302<br>City & State<br>Miami, Florida<br>Zip 33193 Country Miami-Dadé |  | 3. Mailing Address<br>Same<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |  |
|--|--|--|--|

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1105608 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Higinio Torres**  
Street Address (P.O. Box Number is Not Acceptable)  
**2961 S.W. 15th St.**  
City **Miami** FL Zip Code **33145**

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

Signature, typed or printed name of registered agent and title if applicable.

(If a "Not" Registered Agent signature received when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

|   |  |  |                                   |
|---|--|--|-----------------------------------|
| TITLE PD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Estela Martinez</b><br>15640 S.W. 80th St. # 302<br>Miami, FL 33193   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE VD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Lucrecia Martinez</b><br>15640 S.W. 80th St. # 302<br>Miami, FL 33193 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP    |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 on an attachment with an address, with all other like empowered.

SIGNATURE: X  **Estela Martinez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2002

Date

Daytime Phone #