

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000036793

1. Entity Name
**COMMERCIAL MALLORCA - DOLPHIN JEWELRY
EXCHANGE, INC.**



Principal Place of Business
11401 NW 12TH ST
STORE 454, BOOTH 12-13
MIAMI, FL 33172

Mailing Address
9630 NW 2ND STREET #204
PEMBROKE PINES, FL 33024

2. Principal Place of Business
2600 N.W. 87th Ave

3. Mailing Address
2600 N.W. 87th Ave

Suite, Apt. #, etc.
Suite 24

Suite, Apt. #, etc.
Suite 24

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1103434

Applied For
Not Applicable

Zip
33172

Country
USA

Zip
33172

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

JIMENEZ, LINA F
9630 NW 2ND STREET #204
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name **LINA F. JIMENEZ**

Street Address (P.O. Box Number is Not Acceptable)

5134 Madison Lakes - Circle West

City **Davie**

FL

Zip Code **33328**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent's signature required when reinstating)

03-31-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **HOYOS, CARLOS M**
STREET ADDRESS **9630 NW 2ND STREET #204**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE **V** ☒ Delete
NAME **JIMENEZ, LINA F**
STREET ADDRESS **9630 NW 2ND STREET #204**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **LINA F. JIMENEZ**
STREET ADDRESS **5134 Madison Lakes - Circle West**
CITY-ST-ZIP **Davie, FL 33328**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **RICCIO BECERRA**
STREET ADDRESS **5134 Madison Lakes - Circle West**
CITY-ST-ZIP **Davie, FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-03 954.260.1678

Date

Daytime Phone #

CR2E034 (10/02)