FILED

2002 Uniform Business Report (UBR)

Apr 18, 2002 8:00 am Secretary of State P01000038560 DOCUMENT # 1. Entity Name 04-18-2002 90449 021 ***150.00 VALLY GEMS. INC. Principal Place of Business Mailing Address 1013 NE 5TH ST 1013 NE 5TH ST HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address 14 NE 14 NE AVE Suite, Apt. #, etc. **904** Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 904 4. FEI Number 65- 110 1032 City & State City & State Applied For MIMMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33132 33/32 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ruiz, FERNANDO Ruiz. Fernando Street Address (P.O. Box Number is Not Acceptable) 1013 NE 5TH ST = HALLANDALE FL 33009 Zip Code Mimi the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE ture, typed or printed name of regi ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is pligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax fling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. (9/01)☐ Addition TITLE ☐ Delete TITLE USECHE, CLARA USECHE, CLARA 3000 SW. 41 AVE NAME NAME CR2E034 1013 NE 5TH ST STREET ADDRESS STREET ADDRESS MIMMI, FZ 33129 HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-7IP 4 Change TITLE ☐ Delete TITLE ☐ Addition NAME RUIZ. FERNANDO NAME STREET ADDRESS 1013 NE 5TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HALLANDALE FL 33009 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change 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-7IP 13. I hereby certify that the information supplied with this filing does not quality 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 of 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

SIGNATURE:

changed, or on an attachment

ina NAME OF SIGNING OFFICER OR DIRECTOR