

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 027 ***158.75

DOCUMENT # P010000050924 ✓
1. Entity Name
TURRISI Jewelers International Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5405 NW 102 AVE</u> Suite, Apt. #, etc. <u>STE. 221</u>	3. Mailing Address <u>5405 NW 102 AVE</u> Suite, Apt. #, etc. <u>STE. 221</u>
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80064371

DO NOT WRITE IN THIS SPACE

City & State <u>Sunrise FL</u>	City & State <u>Sunrise FL</u>	4. FEI Number <u>65-1122352</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33351</u>	Country	Zip <u>33351</u>	Country
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rampadaruth, AMAL
Street Address (P.O. Box Number is Not Acceptable)
292 South County Road Ste. 109
City Palm Beach **FL** **Zip Code** 33480

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. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>TURRISI, GIUSEPPE</u> <u>5405 NW 102 AVE</u> <u>Sunrise, FL 33351</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ST</u> <u>TURRISI, BRENDA</u> <u>5405 NW 102 AVE</u> <u>Sunrise, FL 33351</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Maurice Reed ST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412102 561-998-6051
Date Daytime Phone #

CR2E034B (12/01)