2002 UNIFORM BUSINESS REPORT (UBR)

P01000066045 DOCUMENT # RINGS 'N' THINGS BY MS, INC. Mailing Address Principal Place of Business 9824 ROYAL PALM BLVD 9824 ROYAL PALM BLVD CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country 6. Name and Address of Current Registered Agent TYMAN, STEVEN J CPA 2 S UNIVERSITY DR SUITE 215 PLANTATION FL 33324

FILED Jul 02, 2002 8:00 am **Secretary of State**

05-27-2002 90292 011 ***150.00

80140

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1)21732 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 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 Sprature, typed or printed name of registered agent and title it applicable. 9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE FEFERKRANZ, STEVE F NAME 9824 ROYAL PALM BLVD STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition me FEFER, MOSHE NAME NAME STREET ADDRESS **600 PARKVIEW** STREET ADDRESS HALLANDALE FL 33009-CITY-ST-21P# ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 occupancy 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 chapter 607, Florida Statutes;

SIGNATURE: