2003 FOR PROFIT CORPORATION

Apr 29, 2003 8:00 am § UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # P02000046291 04-29-2003 90063 007 ***150.00 NADIA WILLIAMS JEWELRY & DESIGN, INC. Principal Place of Business Mailing Address 60082093 3240 N.W. 46TH AVENUE 3240 N.W. 46TH AVENUE FORT LAUDERDALE FL 33319 FORT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address MBERG ROAD 5351 Ha CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number Not Applicable \$8.75-Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name HILL, MARLON A ESQ. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE **SUITE 1200 MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered as of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete WILLIAMS, NADIA NAME NAME 3240 N.W. 46TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33319 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME WILLIAMS, CARINTHA NAME 185RG ROAD STREET ADDRESS 3240 N.W. 46TH AVENUE STREET ADDRESS FORT LAUDERDALE FL 33319 CITY-ST-ZIP CITY-ST-ZIP" TITLE TITLE Change ☐ Addition Delete NAME BYLES, FRANK STREET ADDRESS 3240 N.W. 46TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an afficient with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

☐ Addition