## 2003 FOR PROFIT CORPORATION

## Aug 21, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 8/6 P02000098457 **DOCUMENT#** 08-06-2003 90057 018 \*\*\*550.00 1. Entity Name HEART & SOUL JEWELRY, INC. Principal Place of Business Mailing Address 411 ESPANOLA WAY 411 ESPANOLA WAY 55054686 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Not Applicable Zip ------Country .-\$8.75 Additional 5. Certificate of Status Desired-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DINARI, HARRIET Street Address (P.O. Box Number is Not Acceptable) 3500 MYSTIC POINTE DR #2104 **AVENTURA FL 33180** 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 agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Delete (4/03) TITLE ☐ Addition ☐ Change NAME DINARI HARRIET NAME 3500 Mystic Pointe Da. #2104 CR2E034 SARFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 331PO TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ٠,٠ CHY\_ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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 10 or Block 11 if

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

TITLE

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