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2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am **DOCUMENT # P37374** Secretary of State 03-12-2001 90434 026 ***150.00 TOURNEAU JEWELERS, INC. Principal Place of Business Mailing Address 175 WORTH AVENUE 3 EAST 54TH ST 929225 PALM BEACH FL 33840 3RD FLOOR NEW YORK NY 10022 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 13-3634786 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name "THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (Change TITLE ☐ Addition TITLE ☐ Delete Wexler, Robert J NAME NAME 54M street 131 LEXINGTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP STD TITLE ☐ Delete ☐ Change Addition WEXLER, DAVID NAME 184 BAY DRIVE STREET ADDRESS STREET ADDRESS WOODSBURGH NY CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition FRISHWASSER, EDWARD J. NAME NAME 217 FOX MEADWO ROAD STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP SCARSDALE NY CITY-ST-ZIP Change ☐ Addition TITLE Delete TITL F 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-ZIP ☐ Change TITLE. ☐ Defete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 suppliemental 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: NTED NAME OF SIGNING OFFICER OR DIRECTOR

ith all other like empowered

n addre

changed, or on an attachment

Cobert Wexten Ble 1/14/21 (VIV) 758-3265