2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P92000010033

1. Entity Name



FILED Mar 12, 2003 8:00 am § Secretary of State

03-12-2003 90116 018 ***150.00

TESSY'S JEWELRY, INC.									
Principal Place of Business 12769 SW 88TH STREET MIAMI FL 33186		Mailing Address 12769 SW 88TH STREET MIAMI FL 33186							
2. Principal Place of Business		3. Mailing Address				L BERNIDON IND NORMO INDIA BORIN OCHRA BORIN OCHRA INDIA	ISKIK BUKEU (
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CH	ANGES		
City & State		City &	State		4.	4. FEI Number 65-0374251 Applied For Not Applicable			
Zip	Country	Zip		Country		Certificate of Status Desired Fee	75 Addi Required		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
ITURREY, TERESITA					Street Address (P.O. Box Number is Not Acceptable)				
12769 SW 88TH STREET				Street Addres	SS (P.O. E	30X Number is Not Acceptable)			
MIAMI FL 33186								1	
				City		FL	Zip Code	,	
8. The above the obligati	named entity submits this statement fo ons of registered agent.	r the purpo	se of changing its reg	istered office or regis	stered ag	gent, or both, in the State of Florida. I am fami	iar with, a	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applic	cable. (NOTE: Re	gistered Agent signature requ	uired when r	reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	Ådded	May Be to Fees		
10.	OFFICERS AND	DIRECTOR	rs	11.	ΑĹ	DDITIONS/CHANGES TO OFFICERS AND DI		1 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ITURREY, TERESITA 2820 SW 80 AVE MIAMI FL 33155		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition 8	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE