2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State P94000003235 DOCUMENT # 1. Entity Name 05-15-2002 90175 005 ***150.00 H&L JEWERLY, INC. Principal Place of Business Mailing Address 36 NE 1ST STREET 36 NE 1ST STREET STE 545 STE 545 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. -: Suite, Apt. #; etc. -----DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0457620 Not Applicable Zip Country \$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 ALTAMIRANO, HUBER S Street Address (P.O. Box Number is Not Acceptable) 7031 SW 11.STREET . : 11 PEMBROKE PINES FL 33023 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ----FILE NOWIII 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITLE altamirano, huber s NAME NAME 7031 SW 11 STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IF PEMBROKE PINES FL 33023 City-St-7IP TITLE 1 G. G. Change Addition ☐ Delete TITLE NÁME) : C ALTAMIRANO, ROSA L NAME STREET ADDRESS 7031 SW 11 STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33023 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete 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-7IP CITY-ST-ZIP 13.2 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 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

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

Date

Desysteme Phone #

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: