2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000069608** 1. Entity Name WHY NOT JEWELRY CORPORATION, INCORPORATED 04-22-2000 90078 040 ***150.00 Mailing Address Principal Place of Business 3015 NW 79TH ST 3015 NW 79TH ST **BOOTH NUMBER F4445 BOOTH NUMBER F4445 AUU43U0**4 MIAMI FL 33147-4705 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0529007 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee_Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAKNOOSH, RAMIN Street Address (P.O. Box Number is Not Acceptable) 6770 INDIAN CREEK DR APT 6-K MIAMI BEACH FL 33141 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME EYSHI, DAWOOD STREET ADDRESS STREET ADDRESS 3015 NW 79TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME PAKNOOSH, RAMIN NAME STREET ADDRESS STREET ADDRESS 3015 NW 79TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL_33147_ ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME EYSHI, HERSEL NAME STREET ADDRESS STREET ADDRESS 3015 NW 79TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE . Name NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, without other like empowered.

G OFFICER OR DIRECTOR

Daytime Phone #

04/15/00