2000 UNIFORM BUSINESS REPORT (UBR)

Mar 17, 2000 8:00 am Secretary of State DOCUMENT # P96000049359 HIALEAH DISCOUNT JEWELRY, INC. 03-17-2000 90046 044 ***150.00 Mailing Address Principal Place of Business 1335 SOUTHWEST 173 WAY 500 W 49 ST PEMBROKE PINES FL 33029-4823 HIALEAH FL 33029 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0672880 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MIRET, ROBERTO M Street Address (P.O. Box Number is Not Acceptable) 500 W 49TH ST HIALEAH FL 33012 Zip Code nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity OCIRULA Signature, type (NOTE: Registered Agent signatu 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. 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 OFFICERS AND DIRECTORS 12. 11. PTD Change Addition ☐ Delete TITI F TITLE NAME MIRET, ROBERT M STREET ADDRESS STREET ADDRESS 1335 SOUTHWEST 173 WAY CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME MIRET, ANTONETTE F STREET ADDRESS STREET ADDRESS 1335 SOUTHWEST 173 WAY CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplemental personal p does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ith this fil curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver of changed, or on an attachment with

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED