## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED DOCUMENT # P97000015919 Jan 22, 2000 8:00 am **Secretary of State** LA CARIDAD JEWELRY INC. 01-22-2000 90031 004 \*\*\*150.00 Mailing Address Principal Place of Business 1958 W. FLAGLER ST 1958 W. FLAGLER ST MIAMI FL 33135-1615 MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0743186 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JIMENEZ, IRENALDO J Street Address (P.O. Box Number is Not Acceptable) 1958 W. FLAGLER ST MIAMI FL 33135 Zip Code FL 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change ☐ Defete TITLE TITLE NAME JIMENEZ, IRENALDO J NAME STREET ADDRESS 1958 W. FLAGLER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 with all other like empowered.

RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INENALDO S. SIMENER