FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State P97000099142 **DOCUMENT #** 1. Entity Name DOMINIQUE JEWELERS, INC. 01-31-2002 90058 019 ***158.75 Principal Place of Business Mailing Address 2266 WESTON RD 2266 WESTON RD WESTON FL 33326 WESTON FL 33326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0797472 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COPPOLA, LISA Street Address (P.O. Box Number is Not Acceptable) 2266 WESTON RD WESTON FL 33326 Zip Code City 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) itle 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete Change Change TITLE TITLE COPPOLA, LISA M NAME NAME 2266 WESTON RD 2929 E COMMERCIAL BLVD SUITE 605 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 WESTON, A 33376 CITY-ST-ZIP CITY-ST-ZIP **₽** Change ☐ Addition TITLE ☐ Delete TITLE COPPOLA, ANTHONY COPOLLA, ANTHONY NAME NAME 2266 WESTON RD STREET ADDRESS STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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 Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZÎP 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

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR