2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P97000099444 Entity Name - ✓ BELL'ORO INC. 04-13-2001 90049 042 ***150.00 Principal Place of Business Mailing Address WORLD JEWELRY CENTER WORLD JEWELRY CENTER 7500 W COMMERCIAL BLVD. BOOTH #38 7500 W COMMERCIAL BLVD, BOOTH #38 DODOGOOO FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0796096 Not Applicable Zip Zip Country Country \$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 D'ANGELO, JERRY Street Address (P.O. Box Number is Not Acceptable) 9525 RICHMOND CIRCLE **BOCA RATON FL 33433** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE D'ANGELO, JERRY NAME NAME 9525 RICHMOND CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME

13. I hereby certify that the information supplied with this filling 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.

IG OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4-10-2001 954-746-6464