2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empoyer changed, or on an attachment with an address

SIGNATURE:

FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P98000043965 1. Entity Name 18 KARAT ROSE COMPANY, INC. 04-11-2000 90018 003 ***150.00 Principal Place of Business Mailing Address 2055 NORTHEAST 151ST STREET 2055 NORTHEAST 151ST STREET NORTH MIAMI BEACH FL 33162-6013 Λ NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0835998 Not Applicable 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 **AMERILAWYER** Street 343 ALMERIA AVENUE CORAL GABLES FL 33134 City ie purpose of chang ng its registered office or registered agent, or both, in the State of Florida 8. The above named entity subm SIGNATURE 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PD Change TITLE ☐ Delete TITLE FEINBERG, EDWARD NAME STREET ADDRESS STREET ADDRESS 2055 NORTHEAST 151ST STREET CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Change ☐ Addition **VSTD** ☐ Delete TITLE TITLE NAME READ, JAMES NAME STREET ADDRESS 2055 NORTHEAST 151ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33162 ☐ Addition Delete TIT! F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY=St=ZIP C!TY-ST-ZLP ☐ Addition ☐ Change ☐ Delete TITLE 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 ☐ Delete TITLE Change ☐ Addition TITLE 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 indicated on this report or supplemental report is true and accurate and the of the corporation or the receiver or trustee empoyered to execute this year. for the exemption states in Sed 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 607 Florida Statutes; and that my name appears in Block 11 or Block 12 if