2001 UNIFORM BUSINESS REPORT (UBR) 198000079935 May 14, 2001 8:00 am Secretary of State 1. Entity Name BENZ JEWELRY INC 05-14-2001 90217 041 \*\*\*150.00 Principal Place of Business Mailing Address DIYIE HWY ERRINE, FL 33157 40965660 2. Principal Place of Business 3. Mailing Address 10 reilez Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 33168 -0730796 Not Applicable DAOE Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 33168 City Zip Code 8. The above named epity submits this statement for the purpose of changing its register or registered agent, or both, in the State of Florida AMON typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition TITLE ☐ Delete NAME NAME JBENKHAY PINKHASOV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition 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 in indicated on this report or supplemental report is true and accurate and that me the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by eignature shall have the same legal effect as if made under oath; that I am an officer or director as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address with all other like empower