FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State 05-21-2002 91164 038 ***150.00

	-	, 03-21-2002 91104 038 130.00
DOCUMENT # P98000079931		
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Benz Jewelry, Inc.		
DO NOT WRITE IN THIS SP	ΔCF	
2. Principal Place of Business 18901 5. Dixie Huy 13935 No	W1st Auc	
Suite, Apt. #, etc. 0 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City State Cl. Cl. State M. ami	, FI	4. FEI Number Applied For Not Applicable
Zip331-7- Country USA Zip 33168	Country USA	5. Certificate of Status Desired See Required Fee Required
	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE	Street Address ((P.O. Box Number is Not Acceptable)
IN THIS SPACE		
	City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its re	egistered office or register	red agent, or both, in the State of Florida.
SIGNATURE		d when (cinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required y 1 Fee is \$150.00	LEEL
Tax filing requirement and elects to do so. Amended	Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS	e to Department of Sta	
THE PISTRUBENKHAY PINKHASOU	TITLE NAME	
STREET ADDRESS 189015. Dixia Hwy.	STREET ADORESS CITY+ST-ZIP	
CITY-ST-ZIP Perrine, F-1. 3315-7	TITLE	10/6/19 (10/6/19) Albertage (
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME	NAME	The second secon
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY+ST-ZIP	DO NOT WRITE
TITLE NAME	TITLE	IN THIS SPACE
STREET ADDRESS CITY-SI-7IP	STREET ADDRESS CITY-ST-ZIP	
TITLE	mue 4	
NAME - STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP TITLE	CHY: ST: ZIP	
NAME STREET ADDRESS	náme Street address	
CiTY-ST-ZiP A	CITY-ST-ZIP	ection 119 07/3\(i) Florida Statutes I further certify that the information
13. Thereby certify that the information surplied with this filing does not qualify for indicated on this report or supplemental leport is true and accurate and that m of the corporation or the receiver or thus empowered to execute this report	y signature shall have the as required by Chapter (same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or on an
attachment with an adpless, with all difference empoweres	0.11	USON PER. 4/29/02 305-688-9694.
SIGNATURE: SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OF		Date Dayline Phone #