2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 13, 2001 8:00 am Secretary of State DOCUMENT # **P99000025647** PRECIOUS NOVELTIES, INC. 04-13-2001 90069 036 ***150.00 Principal Place of Business Mailing Address 113 PRESCOTT F 113 PRESCOTT F DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0907478 Not Applicable Zip Country 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 ASTAGNA LHOTA, DAVID P ESQ. BOWEN, LHOTA & FIRTELL, P.A. 1000 WEST MCNAB ROAD POMPANO BEACH FL 33069 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. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE **PVST** ☐ Delete TITLE ☐ Change NAME CASTAGNA, DORIS NAME STREET ADDRESS STREET ADDRESS 113 PRESCOTT F CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change TITLE □ Delete TITLE ☐ Addition NAME CASTAGNA, DORIS NAME STREET ADDRESS STREET ADDRESS 113 PRESCOTT F CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME CASTAGNA, DORIS II STREET ADDRESS STREET ADDRESS 5598 WELLESLEY PARK DRIVE, #102 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 VSTD Change TITLE ☐ Delete TITLE Addition DORIS FALLS NAME NAME 22816 5.W.65 WAY BOOA RATON, FL 33428 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 with an address, with all other like empowered.