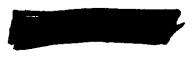
2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P99000031397 1. Entity Name ELIE'S FINE JEWELRY, INC. 07-20-2000 90026 022 \*\*\*150.00 Principal Place of Business Mailing Address 2812 SAWGRASS MILLS CIRCLE #1511 2812 SAWGRASS MILLS CIRCLE #1511 SUNRISE FL 33323-3911 SUNRISE FL 33323-3911 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.-DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 5-09 Not Applicable Zip Country Zin 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 ATTIA. ELIE Street Address (P.O. Box Number is Not Acceptable) 2812 SAWGRASS MILLS CIRCLE #1511 SUNRISE FL 33323-3911 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 12. PRESIDENT Change ■ Addition TITLE ☐ Defete TITLE ELIE ATTIA NAME NAME CR2E034 3011 yamaro 20 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARACON FL BO ATLANCOTOR ☐ Addition Change ☐ Delete TITLE GIL . A TITIP NAME NAME 3011 YZM2TO RO. STREET ADDRESS STREET ADDRESS CITY\_ST\_7IP CITY-ST-ZIP BOCA RATON Addition SECRETAI ☐ Change ☐ Delete IIII F ROJEN SMMD. NAME NAME 2612 SZNg/855 MILLS STREET ADDRESS STREET ADDRESS CIrc/2 #1511 CITY-ST-ZIP CITY-ST-ZIP Addition Defete Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 each; 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.

7/2



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SUNRISE, FL. 33323-391:
PHONE: (954) 835-0733

I JUST RECEIJED THE BUSINESS
FORM REPORT. INOTICED ITS THE
SECOND NOTICE. I DID NOT GET
THE FIRST. ONE.