2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 16, 2000 8:00 am
Secretary of State
03-21-2000 90024 014 ***150.00

DOCUMENT # P99000078561

1. Entity Name

E.R. JEWELRY MANUFACTURER, INC.

Principal Place of Business	Mailing Address
36 N.E. 1ST STREET #349 MIAMI FL 33132	36 N.E. 1ST STREET #349 MIAMI FL 33132-2420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
36 NE 1ST Street	11870 WALSH BLVD
Suite, Apt. #, etc. # 521	Suite, Apt. #, etc.
City & State MIAMI Fl	City & State MIAMI FL
Zip 33132 Country USA	Zip 33184 Country USA

4. FEI Number 65-094-5251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORZO, ENRIQUE R
16280 S.W. 55TH TERRACE
MIAMI FL 33185

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORZO, ENRIQUE R 16280 S.W. 55TH TERRACE MIAMI FL 33185	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIAZ, REINOL 11870 WALSH BLVD. MIAMI FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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. REINOL DIAZ

SIGNATURE: # [signature] VICE-PRESIDENT 03/16/00 (305) 554-4569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #