2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # P99000078561 1. Entity Name E.R. JEWELRY MANUFACTURER, INC. 02-02-2001 90259 037 ***150.00 Principal Place of Business Mailing Address 36 N.E. 13T STREET #521 11870 WALSH RD. MIAMI-FL 99192 MIAMI-FL: 33184** 0 0 0 1 0 0 1 1 1 2. Principal Place of Business 16280 SW 55 TERRACE 3. Mailing Address 16580 SW 35TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0945251 J=2 17112171 MIBHI Not Applicable Zip Country Country レシタ \$8.75 Additional 33185 33185 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORZO, ENRIQUE R Street Address (P.O. Box Number is Not Acceptable) 16280 S.W. 55TH TERRACE MIAMI FL 33185 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12.~ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition CORZO, ENRIQUE R NAME NAME STREET ADDRESS 16280 S.W. 55TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33185 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition DIAZ, REINOL NAME NAME 11870 WALSH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI FL 33184 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 TITLE ☐ Delete TITLE ☐ Change Addition 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 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