2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000105017 May 19, 2000 8:00 am Secretary of State A.B.A. JEWELRY, INC. 05-01-2000 90381 042 ***150.00 Mailing Address Principal Place of Business 14730 NE 10TH AVE 14730 NE 10TH AVE N. MIAMI FL 33161 N. MIAM! FL 33161 3 PEREZ BEHAR & ASSOC., P.A. Suite, 13935c.NW 1st AVENUE DO NOT WRITE IN THIS SPACE MIAMI, FLORIDA 33168 Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Naperez Behar & ASSOC., P.A. Street Address P.O. BOX Number is PEREZ. BEHAR & ASSOCIATES, P.A. MIAMI, FLORIDA 14730 N.E. 10TH AVE N. MIAMI FL 33161 Zip Code stement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. 8. The above named entity su Signature, typed or coured when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its blangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 4-Addition TITLE TITLE NAME PINKHASOV, ABOKHAY NAME STREET ADDRESS STREET ADDRESS 4101 PINETREE DR. #725 CITY-ST-ZIF CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Change Addition Delete TITLE TITIE PINKHASOV, ANNA NAME NAME STREET ADDRESS STREET ADDRESS 4101 PINETREE DR. #725 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-716 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 to 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. SIGNATURE D NAME OF SIGNING OFFICER OR DIRECTOR