2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000108599**

Country

6. Name and Address of Current Registered Agent

City & State

Zip

JEWELRY FULFILLMENT, INC.

Mailing Address Principal Place of Business 3600 W. COMMERCIAL BLVD., #101 --- W. COMMERCIAL BLVD., #101 FT. LAUDERDALE FL 33309 T. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

its an address, with all other like empowered.

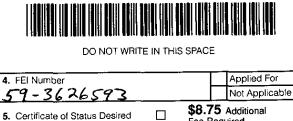
URE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment

SIGNATURE:

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90072 003 ***150.00



7. Name and Address of New Registered Agent

Fee Required

Daytime Phone #

Date

MANN, ANDREW L. P.A. Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DR., STE. C-203 FT. LAUDERDALE FL 33351 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME MANN, ANDREW L P.A. NAME STREET ADDRESS 4300 N. UNIVERSITY DR., STE. C-203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33351 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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

Country

Name