

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90274 042 \*\*\*150.00

**DOCUMENT # S16665**

1. Entity Name  
**WATCHES "R" US, INC.**

Principal Place of Business <b>7795 W. FLAGLER ST          MALL OF AMERICAS          MIAMI FL 33174          US</b>	Mailing Address <b>7795 W. FLAGLER ST          MALL OF AMERICAS          MIAMI FL 33174          US</b>
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**00037460**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7795 W. FLAGLER ST</b>	3. Mailing Address
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Suite, Apt. #, etc. <b># K-7</b>	Suite, Apt. #, etc.
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City & State <b>MIAMI FL.</b>	City & State
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4. FEI Number <b>65-0263353</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33144</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**TEJADA, GLENDA P  
 7795 W FLAGLER ST  
 MIAMI FL 33174**

Name
Street Address (P.O. Box Number is Not Acceptable)
<b>7795 W. FLAGLER ST # K-7</b>
City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33144</b>

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* DATE: **04-03-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TEJADA, GLENDA P 7795 W FLAGLER ST, MALL OF AMER #K-7 MIAMI FL 33174 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* DATE: **04-03-01**

CR2E034 (10/00)