

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023292

1. Entity Name

STYLE JEWELRY, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90121 004 ***150.00

Principal Place of Business 36 N.E. 1ST STREET SUITE 712 MIAMI FL 33132	Mailing Address 36 N.E. 1ST STREET SUITE 712 MIAMI FL 33132-2417
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0579628**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAIM, DAVID
 36 NE 1ST ST
 SUITE 712
 MIAMI FL 33132

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 _____ DATE _____
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 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	VP	<input type="checkbox"/> Delete
NAME	HALM, DAVID	
STREET ADDRESS	412 POINCIANA DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ELIANI, TACKI	
STREET ADDRESS	20185 S. COUNTRY CLUB DRIVE #150	
CITY-ST-ZIP	AVENTURA FL 33009	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ELIANI, JACKI	
STREET ADDRESS	36 NE 1ST ST. #712	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: _____ Date: 3/21/00 Daytime Phone #: (305) 374-0132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR200024 (03/00)