2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

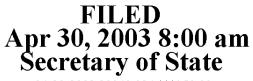
DOCUMENT #

F98000003789



. Entity Name (EYSTONE JEWELRY, INC.		
Principal Place of Business	Mailing Address	
440 W 23RD ST	1440 W 23RD ST	
MAMI EL 33140	MIAMI FL 32140	

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt, #, etc.	
City & State	City & State	



04-30-2003 90040 024 ***150.00

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	CHECK	HEDE	ΙF	MAKING	CHANGES
			- 11	INDUITION OF	OUNTAL

				
Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
. Name and Address of Cui	rrent Registered Agent		7. Name and Address of New Re	Istered Agent
SEGAN, ADAM 1440 W. 23RD ST MIAMI FL 33140		Name Street Addr	ess (P.O. Box Number is Not Acceptable)	
		City		FL Zip Code
	Name and Address of Cu	Name and Address of Current Registered Agent	. Name and Address of Current Registered Agent Name Street Address O	ST 5. Certificate of Status Desired 7. Name and Address of New Res Name Street Address (P.O. Box Number is Not Acceptable)

the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number 58-2101286

\$5.00 May Be Added to Fees

Applied For Not Applicable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD Delete TITLE TITLE ☐ Change ☐ Addition SEGAN, ADAM NAME NAME STREET ADDRESS 1440 W 23RD ST STREET ADDRESS Miami FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] 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-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 peport 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 trousless empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei-changed, or on an attachmen

SIGNATURE:

Date