

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90008 013 ***150.00

DOCUMENT # H57345

1. Entity Name
LE PARISENIER JEWELRY, INC.

LA

Principal Place of Business
1171 W 68 ST
HIALEAH FL 33014
US

Mailing Address
675 NE 165TH ST
N MIAMI FL 33162
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
1171 W 68 ST
 Suite, Apt. #, etc.

City & State
Hialeah - Fl.

City & State
Hialeah - Fl.

4. FEI Number **65-0007000**
 Applied For
 Not Applicable

Zip Country
33014 USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOVO, NESTOR
1171 WEST 68TH STREET
HIALEAH FL 33014

7. Name and Address of New Registered Agent

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.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	PSD	<input type="checkbox"/> Delete
NAME	RAVENTOS, ROSEMARY N	
STREET ADDRESS	4851 N.W. 99 CT.	
CITY-ST-ZIP	DORALWOOD MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOVO, NESTOR	
STREET ADDRESS	4851 N.W. 99 CT.	
CITY-ST-ZIP	DORALWOOD MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nestor Novo* **SIGNATURE REQUIRED** *Nestor Novo - Treas.* **9/5/01** (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)