

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90349 030 \*\*\*150.00

0203145 AV

**DOCUMENT # J26694**

1. Entity Name  
**AJANTA GEMS INTERNATIONAL, INC.**



Principal Place of Business  
**3355 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308  
US**

Mailing Address  
**PO BOX 9621  
CORAL SPRINGS FL 33075  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**PO Box 9621**

Suite, Apt. #, etc.

**PO Box 9621**

City & State

**CORAL SPRINGS FL**

City & State

**Coral Springs FL**

Zip

**33075**

Country

**USA**

Zip

**33075**

Country

**USA**

4. FEI Number

**59-2779377**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUPTA, SATYA D  
3355 GALT OCEAN DRIVE  
FT. LAUDERDALE FL 33308**

*(Change in address)*

7. Name and Address of New Registered Agent

Name **SATYA GUPTA**

Street Address (P.O. Box Number is Not Acceptable)

**10531 N.W. 43RD CT.**

City **Coral Springs.**

**FL**

Zip Code

**33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **(SATYA GUPTA)**

**4/11/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GUPTA, SATYA D</b>	
STREET ADDRESS	<b>10531 N W 43RD CT</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED (SATYA GUPTA)** **4/11/03** **(954) 346-0149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)