

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90087 013 ***150.00

DOCUMENT # P00000056814

1. Entity Name
EM ITALIAN JEWELRY, INC.

Principal Place of Business 1 NE 1ST ST. #2 MIAMI FL 33132	Mailing Address 1 NE 1ST ST. #2 MIAMI FL 33132
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2. Principal Place of Business	3. Mailing Address C/O PEREZ, BEHAR & ASSOCIATES
Suite, Apt. #, etc.	Suite, Apt. #, etc. 13935 NW 1ST AVE
City & State MIAMI FL	City & State MIAMI FL
Zip 33168	Country FLADE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PEREZ, BEHAR & ASSOCIATES, PA.
13935 NW 1ST AVENUE
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Nellya Alishayeva 13935 NW 1st Ave. 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Nellya Alishayeva 13935 NW 1st Ave. 33168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: **Ramon Perez P.A.** DATE: **4/9/2001** DAYTIME PHONE: **305-688-9694**

CR2E034 (10/00)