

07-18-2002 90124 016 \*\*\*550.00

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

DOCUMENT # PO0000097963  
 1. Entity Name  
M N Jewelers Inc ✓

**DO NOT WRITE IN THIS SPACE**

40875

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>59-3677052</u>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name	<u>ALOK. P. GARG</u>
	Street Address (P.O. Box Number is Not Acceptable)	<u>14104, KNOTTINGLEY PLACE</u>
	City	<u>TAMPA FL</u> Zip Code <u>33624</u>

B. 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. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Department of State</b>	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	<u>PRESIDENT.</u> <u>ALOK. P. GARG</u> <u>14104, KNOTTINGLEY PL, TAMPA</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>FL-33624</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alok. P. Garg 6/15/02 Date 813-968-3361 Daytime Phone  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 813-333-5943

CR2E034B (12/01)

Attachment  
# P0000009963

[REDACTED]

40895

6/15/02.

NOTE:

AS PER OUR TALKS WITH YOU ON 6/14/02.

I WAS OUT OF TOWN FOR 2 MONTHS AND REQUESTED ANOTHER SET OF FORMS, AS WE LOST ITS OTHER FORMS. THEREFORE, WE WERE LATE TO FILE A LTR. IF YOU HAVE ANY QUESTION,

PLEASE CALL US AT (013) - 968-3361.

THANKING YOU.

FOR M/N Tenders.

Mark P. Smyth

ALOK GARG  
PRESIDENT