2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000075889**

1. Entity Name

VISHNU DESIGN JEWELRY, INC.

96332

Principal Place of Business	Mailing Address
6401 SW 87TH AVENUE SUITE 202	6401 SW 87TH AVENUE SUITE 202
MIAMI FL 33173	MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For / Not Applicable
City & State	City & State	4. FEI Number 65-1126956	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

	Name
FIGUEROA, RONALDO R CPA	Street Address (P.O. Box Number is Not Acceptable)
6401 SW 87TH AVENUE SUITE 202	
MIAMI FL 33173	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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES	
TITLE D	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
NAME ROLDOS-BAEZ, MIRIAM				
STREET ADDRESS 6401 SW 87TH AVENUE SUITE 202				
CITY-ST-ZIP MIAMI FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP				
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

CR2E034 (9/01)

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: _____   4-30-2002   (305) 273-1344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #