

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90037 034 ***150.00

DOCUMENT # P96000001325

1. Entity Name
ELEGANTE GEMS, INC.

Principal Place of Business
2369 OAKTREE LN.
WEST PALM BEACH FL 33409
US

Mailing Address
2369 OAKTREE LN.
WEST PALM BEACH FL 33409
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2480 Westmont Lane
 Suite, Apt. #, etc.

3. Mailing Address
2480 Westmont Lane
 Suite, Apt. #, etc.

City & State
Royal Palm Beach FL
 Zip
33411
 Country

City & State
Royal Palm Beach FL
 Zip
33411
 Country

4. FEI Number
65-0668338

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MONGIOVI, SONIA ALTAMIRA
2888 TENNIS CLUB DR., #H302
WEST PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2480 Westmont Lane
 City **Royal Palm Beach** **FL** Zip Code **33411**

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

(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) ☐

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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
 NAME **MONGIOVI, ALTAMIRA S**
 STREET ADDRESS **2888 TENNIS CLUB DR., #H302**
 CITY-ST-ZIP **WEST PALM BCH FL 33417**

TITLE
 NAME
 STREET ADDRESS **2480 Westmont Lane**
 CITY-ST-ZIP **Royal Palm Beach FL 33411**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2002
 Date Daytime Phone #

CR2E034 (9/01)