

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2001 90466 001 ***150.00

DOCUMENT # **996 00000 59237**

1. Entity Name: **PARADISE Jewelry & Watches, III Inc**

Principal Place of Business Mailing Address

553450

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2612 Sawgrass Mills** City, State **FL** Mailing Address **1810 SABEL DRIVE** City, State **Deerfield Beach FL**
 Suite, Apt. #, etc. **1151** Suite, Apt. #, etc.

City & State **Sunrise FL** City & State **Deerfield Beach FL** 4. FEI Number **65-0692205**
 Zip **33323** Country Zip **33442** Country

Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name: **SHAMAI, SHAU L**
 Street Address (P.O. Box Number is Not Acceptable) **2612 Sawgrass Mills Circle # 1151**
 City **Sunrise** FL Zip Code **33323**

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 **SHAMAI, SHAU L** (NOTE: Registered Agent signature required when reinstating) DATE **4/30/01**

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, 2001 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

TITLE	V.P.	<input checked="" type="checkbox"/> Delete
NAME	SHAMAI, Lux	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P. SUP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAMAI, SHAU L	
STREET ADDRESS	2612 Sawgrass Mills Circle # 1151	
CITY-ST-ZIP	Sunrise FL 33323	
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		
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 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 a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SHAMAI, SHAU L** DATE **4/30/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)