

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052934

1. Entity Name
PEARLESCENT INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90063 033 ***158.75

Principal Place of Business
350 LINCOLN RD.,STE.406
MIAMI FL 33139

Mailing Address
350 LINCOLN RD.,STE.406
MIAMI FL 33139

2. Principal Place of Business
3 W. 46TH ST.

3. Mailing Address
3 W. 46TH ST.

Suite, Apt. #, etc.
STE # 405

Suite, Apt. #, etc.
STE 405

City & State
NEW YORK NY

City & State
NEW YORK NY

Zip Country
10036 U.S.A.

Zip Country
10036 U.S.A.

4. FEI Number **65-0942708**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KHIANI, DEEPAK
350 LINCOLN RD.,STE.406
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name **DEEPAK KHIANI**
Street Address (P.O. Box Number is Not Acceptable)

1925 BRICKELL AVE, APT D1204

City **MIAMI** **FL** Zip Code **33129**

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 **DEEPAK KHIANI**

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

(NOTE: Registered Agent signature required when reinstating)

03/20/01

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, 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 **PD**
NAME **KHIANI, DEEPAK**
STREET ADDRESS **350 LINCOLN RD.,STE.406**
CITY-ST-ZIP **MIAMI FL 33139** ☐ Delete

TITLE **SD**
NAME **KHIANI, JAISHRI**
STREET ADDRESS **350 LINCOLN RD.,STE.406**
CITY-ST-ZIP **MIAMI FL 33139** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **KHIANI, DEEPAK**
STREET ADDRESS **3 W. 46TH ST STE 405**
CITY-ST-ZIP **NEW YORK, NY 10036** ☒ Change ☐ Addition

TITLE **SD**
NAME **KHIANI, JAISHRI**
STREET ADDRESS **1925 BRICKELL AVE, APT D1204**
CITY-ST-ZIP **MIAMI, FL 33129** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **DEEPAK KHIANI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01
Date

305-725-7761
Daytime Phone #

0169974

CR2E034 (10/00)