

FILED
May 22, 2001 8:00 am
Secretary of State

DOCUMENT # P99000057854
Entity Name
PRESTIGE JEWELRY & GIFT, INC ✓

Principal Place of Business Mailing Address

250 E PALM DR F-70
FLORIDA CITY, FL 33034-3514

Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent			

4. FEI Number	Applied For
65-0931361	Not Applicable

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

6. Name and Address of Current Registered Agent _____

NALINI P. SHIVDASANI
12070 SW 131 AVE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name **ASHOK KRIPALANI**
Street Address (P.O. Box Number is Not Acceptable)
10002 SW 141 CT.
City **MIAMI** FL Zip Code **33186**

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: X Sharon Gopalani (NOTE: Registered Agent signature required when reinstating) DATE _____

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS	
LE ME REET ADDRESS TY-ST-ZIP	X Delete D/P/ST. NALINI P. SHIVDASANI 120 SW 131 AVE MIAMI, FL 33186
LE .ME REET ADDRESS TY-ST-ZIP	<input type="checkbox"/> Delete
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LE .ME REET ADDRESS TY-ST-ZIP	<input type="checkbox"/> Delete
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12 . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<div> <div>D/P/S/T</div> <div>ASHOK KRIPALANI</div> <div>10002 SW 141 CT.</div> <div>MIAMI, FL 33186</div> </div>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			
STREET ADDRESS			
CITY - ST - ZIP			

3. 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.

ASHOK KRIPANI (307)

SIGNATURE: A. K. Gupta
PRESIDENT
Date: 4/30/2001
Daytime Phone: 2450707