2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # L04098** 1. Entity Name THE INTERNATIONAL COLECTION OF JEWELRY, INC. 05-03-2001 90065 026 ***150.00 Principal Place of Business Mailing Address 1 NE 1ST ST. 1 NE 1ST ST. STORE 7 METRO MALL BLDG STORE 7 MÈTRO MALL BLDG MIAMI FL 33132 MIAMI FL 33132 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FFI Number Applied For 65-0230121 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RABBI, JOSEPH- --Street Address (P.O. Box Number is Not Acceptable) 1 NE 1ST ST STORE 7, METRO MALL BLDG **MIAMI FL 33132** 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE - 💆 Delete TITLE NAME NAME RABBI, JOSEPH STREET ADDRESS STREET ADDRESS 1 NE 1ST ST. #7 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33132** Change ☐ Addition ☐ Defete TITLE TITLE VD. NAME NAME RABBI, LIZI STREET ADDRESS STREET ADDRESS 1 NE 1ST ST, #7 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 Change Addition ☐ Delete TITLE TITI F STD RABBI, GRACE NAME NAME STREET ADDRESS STREET ADDRESS 1 NE 1ST ST, #7 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change-☐ Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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. Joseph Rabbi - Joseph RABBI 4.18.2001 (305)-371-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP