

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90123 006 ***150.00

DOCUMENT # **L04098**

1. Entity Name

The International Collection of Jewelry, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3215 NE 184 Street

3. Mailing Address

3215 NE 184 Street

Suite, Apt. #, etc.

14301

Suite, Apt. #, etc.

14301

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33160

Country

None

Zip

33160

Country

None

4. FEI Number

65-0230121

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rabbi, Liz

Street Address (P.O. Box Number is Not Acceptable)

3215 NE 184 Street #14301

City

Miami

FL

Zip Code

33160

**DO NOT WRITE
IN THIS SPACE**

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 *Liz Rabbi*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

NAME

STREET ADDRESS

CITY-ST-ZIP

*PTD
Rabbi, Liz
3215 NE 184 Street #14301
Miami, FL 33160*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*VP
Rabbi, Grace
3215 NE 184 Street #14301
Miami, FL 33160*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Liz Rabbi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/02 305-308-9218

CR2E034B (12/01)