## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L04098

Apr 29, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Entity Name: THE INTERNATIONAL COLECTION OF JEWELRY, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

3215 NE 184 STREET 14301 MIAMI, FL 33160

**Current Mailing Address: New Mailing Address:** 

3215 NE 184 STREET 3215 NE 184 STREET 14301 14310 MIAMI, FL 33160 MIAMI, FL 33160

FEI Number: 65-0230121 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RABBI, LIZ RABI, LIZ **3215 NE 184 STREET** 

3215 NE 184 STREET #14301 #14310 MIAMI, FL 33160 US MIAMI, FL 33160 US

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 RABI 04/29/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

Title: PTD () Delete Title: PTSD

(X) Change ( ) Addition Name: RABBI, LIZ Name: RABI, LIZ 3215 NE 184 STREET #14301 3215 NE 184 STREET #14310 Address: Address:

City-St-Zip: MIAMI, FL 33160 City-St-Zip: MIAMI, FL 33160

( ) Delete Title: STD Title: VSD (X) Change ( ) Addition RABBI, GRACE Name: Name: RABI, GRACE

1 NE 1ST ST, #7 3215 NE 184 STREET #14301 Address: Address: MIAMI, FL 33132 MIAMI, FL 33160 City-St-Zip: City-St-Zip:

Title: Title: VD (X) Delete () Change () Addition

RABBI, GRACE Name: Name:

3215 NE 184 STREET #14301 Address: Address: City-St-Zip: MIAMI, FL 33160 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZ RABI **PTSD** 04/29/2003