

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L72210

1. Entity Name

INTERNATIONAL JEWELRY CREATIONS, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90022 001 ***150.00



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business FLEA WORLD HWY 17-92 SANFORD FL 32771 US | Mailing Address % JESSE SCHWARTZ 559 HARDWOOD PLACE LAKE MARY FL 32779-3158 US |
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|--------------------------------|------------|---|------------|
| 2. Principal Place of Business | | 3. Mailing Address <i>Jesse Schwartz</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>3047 Lakeview Oaks Dr</i> | |
| City & State | | City & State <i>Longwood FL</i> | |
| Zip | Country | Zip | Country |
| <i>32779</i> | <i>USA</i> | <i>32779</i> | <i>USA</i> |

| | |
|--|--|
| 4. FEI Number 59-2917741 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

SCHWARTZ, JESSE E
559 HARDWOOD PLACE
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name
Jesse E. Schwartz

Street Address (P.O. Box Number is Not Acceptable)
3047 Lakeview Oaks Drive

City
Longwood FL Zip Code
32779

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

| | | |
|---|---|---|
| 9. 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, 2000 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 |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHWARTZ, JESSE 559 HARDWOOD PL LAKE MARY FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Schwartz, Jesse</i> <i>3047 Lakeview Oaks Dr.</i> <i>Longwood, FL 32779</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]* **REQUIRED** *3-19-2000* *407-804-0462*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #