

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000031723**

1. Entity Name

International Jewelry Manufacture's Consulting, Inc.

Principal Place of Business
5374 Monterey Circle #93
Delray Beach, FL 33484

Mailing Address
P0 Box 7105
Boca Raton, FL 33431

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90004 039 ***150.00

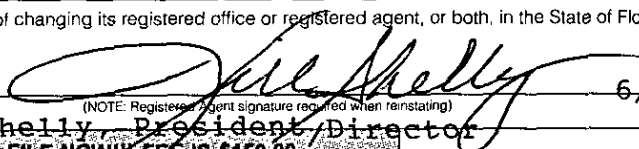
00064262

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0582186		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name Jill Shelly			
				Street Address (P.O. Box Number is Not Acceptable) 5374 Monterey Circle #93			
				City DELRAY Beach, FL Zip Code 33484			

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  **6/5/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

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

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	Marvin Moskowitz	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			NAME	Jill Shelly	
CITY-ST-ZIP			STREET ADDRESS	5374 Monterey Circle #93	
			CITY-ST-ZIP	Delray Beach, FL 33484	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **6/5/00** **(561) 496-6160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *

CR2E034 (9/99)