2000 UNIFORM BUSINESS REPORT (UBR)

DØCUMENT # **P97000025272**

1. Entity Name

INTERNATIONAL JEWELRY SCHOOL AND GEMOLOGICAL INS

Principal Place of Business

Mailing Address

9730 EAST INDIGO STREETFL 33157

9730 EAST INDIGO STREET

MIAMI FL 33157-5644

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED Mar 24, 2000 8:00 am Secretary of State

03-24-2000 90068 033 ***150.00



DO NOT WRITE IN THIS SPAC

Suite, Apt. #, etc.		1	Suite, Apr. #, etc.			DO NOT WHILE IN THIS STAGE			
City & State			City & State		4.	4. FEI Number 65-0737317			plied For
			7			<u> </u>		. Not Applicable	
Zip	Country	- 1	Zip ^ -	Country -	5. (Certificate of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address o	f Current Rec	istered Agent		7. 1	Name and Address of New Regi	stered A	gent	
				Name					
CASADO, LUCIA O				Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
	5 SW 87 AVENUE								
FERR	RINE FL 33157								
				City			FL	Zip Code	•
The above	named entity submits this sta	atement for the	a purpose of changing its	registered office or re	sistered ag	ent, or both, in the State of Florida	a.		
1116 40040	Trained oracly Submits this sa		o parpose or origing no	ogletere emee en re-	g.cg	,			
NATURE _						·			_
INFRIGITE _	Signature, typed or printed name of reg	istered agent and ti	tle if applicable. (NOTE	: Registered Agent signature r	equired when re	ainstating)	DATE		
This corpo	oration is eligible to satisfy its	Intangible	FILE NOW!	!! FEE IS \$150.00		10. Election Campaign Finance	nina .	- e= 0	О мау Ве
Tax filing re	ax filing requirement and elects to do so. After MAY 1, 2000 F					Trust Fund Contribution.			to Fees
(See criter	ia on back)		Make Check Payab						<u> </u>
		ERS AND DIR		12.	AD	DDITIONS/CHANGES TO OFFICE	RS AND		
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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.

HIGHATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

, CASADO

3.20.2000 (365)23552

Daytime Phone #