

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90150 027 ***150.00

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DOCUMENT # P98000001989

1. Entity Name
INTERCOINS JEWELRY, INC.



Principal Place of Business
14 NE 1 AVE
306
MIAMI FL 33132

Mailing Address
14 NE 1 AVE
306
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

14 N.E. 1st Ave

14 N.E. 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

411

411

City & State
Miami, FL

City & State
Miami, FL

Zip **33132** **Country** **U.S.A.**

Zip **33132** **Country** **U.S.A.**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0803581**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCORCIA PHILAVANH, HAZEL
8100 SW 72ND AVE
#C1
MIAMI FL 33143

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Hazel Escorcia-Philavanh** **4/29/03**
Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	ESCORCIA PHILAVANH, HAZEL	
STREET ADDRESS	8100 SW 72 AVE #C1	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	PHILAVANH, KONGTY	
STREET ADDRESS	8100 SW 72 AVE #C1	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Hazel Escorcia-Philavanh** **4/29/03** **(305) 2434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone

CR2E034 (10/02)