

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 22, 2001 8:00 am
Secretary of State

04-10-2001 90016 015 ***150.00

DOCUMENT # P-99000090202
 1. Entity Name
TITANIC JEWELS, INC.

Principal Place of Business Mailing Address
17355 NE 13 AVE
No. MIAMI, FL. 33161-

2. Principal Place of Business 3. Mailing Address
17355 NE 13TH AVE 17355 NE 13TH AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State No. MIAMI FL City & State No. MIAMI FL
 Zip 33161 Country USA Zip 33161 Country USA

4. FEI Number 65-0953512 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GIL COHEN
18090 BISCAYNE BLVD
No. MIAMI, FL. 33160

Name and Address of New Registered Agent
 Name DAVID HOM
 Street Address (P.O. Box Number is Not Acceptable) 1905 S. HIBISCUS DR
 City No. MIAMI FL 33181-

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. 7346054
 SIGNATURE David Hom
 Signature, typed or printed name of registered agent and title if applicable (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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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	
TITLE <u>PRES - DIRECTOR</u>	<input type="checkbox"/> Delete
NAME <u>MEIR COHEN</u>	
STREET ADDRESS <u>18090 BISCAYNE BLVD</u>	
CITY-ST-ZIP <u>No. MIAMI FL 33160</u>	
TITLE <u>VIP-SECT-TREAS - DIRECTOR</u>	<input type="checkbox"/> Delete
NAME <u>DAVID HOM</u>	
STREET ADDRESS <u>1905 So. HIBISCUS DRIVE</u>	
CITY-ST-ZIP <u>No. MIAMI FL 33181-</u>	
TITLE <u>-L-</u>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PRESIDENT - DIRECTOR</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>MEIR COHEN</u>	
STREET ADDRESS <u>18090 BISCAYNE BLVD</u>	
CITY-ST-ZIP <u>No. MIAMI FL 33160</u>	
TITLE <u>VIP-SECT-TREAS + DIRECTOR</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <u>1905 So. HIBISCUS DR</u>	
CITY-ST-ZIP <u>No. MIAMI FL 33181-</u>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 names empowered.

SIGNATURE: David Hom 04/25/01 305-893-5152
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)