

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90969 043 ***150.00

0274335 AV

DOCUMENT # P99000090202

1. Entity Name
TITANIC JEWELS INC.



Principal Place of Business
**12355 NE 13TH AVE
MIAMI FL 33161**

Mailing Address
**12355 NE 13TH AVE
MIAMI FL 33161**



2. Principal Place of Business

18090 COLLINS AVE

Suite, Apt. #, etc.

3. Mailing Address

18090 COLLINS AVE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SUNNY ISLES BEACH FL

City & State

SUNNY ISLES BEACH FL

Zip

33160

Country

Zip

33160

Country

4. FEI Number

65-0953512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOM, DAVID
1905 S HIBISCUS DR
NO. MIAMI FL 33181**

7. Name and Address of New Registered Agent

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

Signature, typed or printed 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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

**PD
COHEN, MEIR
18090 BISCAYNE BLVD
N MIAMI FL 33160**

TITLE NAME ☐ Delete

**~~VP~~
HOM, DAVID
1905 SO HIBISCUS DRIVE
NO. MIAMI FL 33181**

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

**ST
COHEN, ABRAHAM
18090 COLLINS AVE.
SUNNY ISLES BEACH FL 33160**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE 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: **X**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

Daytime Phone #

CR2E034 (10/02)