2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

S39420 **DOCUMENT #**

1. Entity Name

11843 S.W. 79TH TERR

MIAM1 FL 33183

GLORIA C. JACOB DESIGNS INTERNATIONAL, INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90103 035 ***150.00

	 	_
Principal Place of Business		

Mailing Address 11843 S.W. 79TH TERR

MIAMI FL 33183

Principal Place of Business	3. Mailing Addr	ess _/70	LAS 131	2 3 2	I (BEIIII) IND CITE INDICATE COMMON			
170 195 BAISAS CIA	Suite, Apt. #,	etc	est Cin	rest.	CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.	Suite, Apr. #1		-					ied For
City, 8, State	City & State	1-11-	1 10 5	4. FE	65-0248763			Applicable
Aupolux 3 - 1-1	Zip	77/10	Country 1		ertificate of Status Desired	□ \$	8.75 Additi	onal
Zip Country	339	162	USA	- 1				
33462 C V 6. Name and Address of Curren	t Registered Agent			7. N	ame and Address of New Reg	istered Ag	EIN	
o. Wallie and Address of the			Name		_			
JACOB, GLORIA C.			Street Add	ress (P.O. Bo	x Number is Not Acceptable)			
11843 S.W. 79TH TERR			Ţ					
MIAMI FL 33183			City			FL	Zip Code	
3. The above named only submits this statement					Di - 4 Floris		miliar with a	nd accept
the obligations of registered agent.	(2)	Read	egistered Agent signature	required when re	instating)	DATE		
SIGNATURE Signature, typed or printed name at stratered age	ent and title if applicable	(NOTE: Ri	egistered Agent signature	18danso when is	in location (g)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.0	0				Election Campaign Fina Trust Fund Contribution.	incing		May Be to Fees
Make Check Payable to Florida Department	of State			ΔΓ	DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTORS	IN 11
10. OFFICERS AN	ID DIRECTORS		11.) (TOTAL) (ST. 11 11 12 12 12 12 12 12 12 12 12 12 12		(12) Change	☐ Additio
TITLE D] Delete	TITLE NAME		1			
NAME JACOB, GLORIA C.			STREET ADDRESS	170	LAS BUSH	<i>ہے</i> د	I ROME	_
STREET ADDRESS 11843 S.W. 79TH TERR			CITY-ST-ZIP	Hyp	LAS BRISA	<u>. 33</u>	462	
CITY-ST-ZIP MIAMI FL		Delete	TITLE				Change	☐ Additio
TITLE	L _	7 Delete	NAME					
NAME			STREET ADDRESS		الراب منسخان بسدارة مجيد الدارات المناسبين المناسبين المناسبين المناسبين المناسبين المناسبين المناسبين المناسبين		-	
STREET ADDRESS CITY-ST-ZIP	ر الله الله الله الله الله الله الله ال		-CITY-ST-ZIP	30-2 - 1			□ Change	Additio
TITLE		Delete	TITLE					-
NAME			NAME STREET ADDRESS					
STREET ADDRESS			CITY-ST-ZIP			•		
CITY-ST-ZIP							☐ Change	Additi
TITLE		Delete	TITLE NAME					
NAME		X	STREET ADDRESS					
STREET ADDRESS			CITY-ST-ZIP		<u></u>			
CITY-ST-ZIP		Delete	TITLE				Change	☐ Additi
TITLE	į	Detete	NAME	[
NAME			CERCET 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

Addition