

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90030 027 \*\*\*150.00

**DOCUMENT # S40007**

1. Entity Name  
**INTERNATIONAL COLLECTION ALLIANCE, INC.**

Principal Place of Business  
**7280 WEST PALMETTO PARK ROAD**  
**110**  
**BOCA RATON FL 33433**  
**US**

Mailing Address  
**C/O ADAMS CORP & MARKS**  
**P.O. BOX 3000**  
**BOCA RATON FL 33431**  
**US**

*Please  
 Change  
 address*

**721474**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**C/O Adams, COOPER & MARKS**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**P.O. Box 3000**  
**Boca Raton, Florida**

4. FEI Number **65-0253150**

Applied For  
 Not Applicable

Zip

Country

Zip  
**33431**

Country  
**U.S.A.**

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

**COOPER, ROBERT G.**  
**7280 WEST PALMETTO PARK ROAD SUITE 110**  
**SUITE 110**  
**BOCA RATON FL 33433**

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.

SIGNATURE

*Robert G. Cooper (Printed)*

**2-22-01**

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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOPER, LORI B</b> <b>7280 WEST PALMETTO ROAD, STE. 110</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOPER, ROBERT G.</b> <b>7280 WEST PALMETTO PARK ROAD, STE. 110</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert G. Cooper (Printed)*

Date

Daytime Phone #

**2-22-01 561 368-9300**

CR2E034 (10/00)