2003 FOR PROFIT CORPORATION

Mailing Address

% JOSEPH BELFER

UNIFORM BUSINESS REPORT (UBR) 618808 **DOCUMENT #** 1. Entity Name

APOLLO RARE COINS & STAMPS, INC.

Principal Place of Business

% JOSEPH BELFER



02-03-2003 90436 001 ***300.00

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| 2073 NE 163RD ST NORTH MIAMI BCH FL 33162 | | | | 2073 NE 163RD ST NORTH MIAMI BCH FL 33162 | | | | | | | | | | | | |
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| 2. Principal Place of Business | | | | Mailing Address OMA OR M College | | | | | | 1 104110 41101 | | [[] | IL MUMILA MANAI | BARIN BARIN R | 016 0106 016 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | | | | | | |
| City & State | City & State | | | 4. | | | Number | 59-1908 | 039 | | | pplied For ot Applicabl | е | | | |
| Zip | Country | | Zip | | Country | | | 5. Certificate of Status Desired | | | | | | 7 | | |
| ` 6 | i. Name a | _ | 7. Name and Address of New Registered Agent | | | | | | | \Box | | | | | | |
| Belfer, Josi 2073 ne 163f N.Miami Beac | rd st | 162. | | - | Street Address (R.D. Box Number is Not Acceptable) STREET Address (R.D. Box Number is Not Acceptable) STREET Address (R.D. Box Number is Not Acceptable) | | | | | | | | | | | |
| | | | | | | | City | ν. | ami | 130 | | | FL | Zio Coo | lę . | ٦ |
| | of register | ed agent. | M & | eehe | | | | r registere | ed agent | t, or both, ir | the State | of Florida | Lam far | niliar with, | and accep | 71 |
| After Ma Make Check Pa | y 1, 2003 | Fee will Florida De | be \$550.00 partment of \$ | | | | | | | | und Contri | bution. | | Adde | 00 May Be d to Fees | |
| 10. | | OF | FICERS AND D | | | 11. | | | ADDI | TIONS/CH/ | ANGES TO | OFFICE | | _ | | 4 |
| STREET ADDRESS 207 | LFER, JC 73 NE 16 ALAMI BE | 3RD ST | | <i>`</i> | Delete | TITLE NAME STREE CITY-: | T ADDRESS ST-ZIP | | | | | | | Change | ☐ Addition | 1 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify indicated on the | / that the i | nformation | supplied with th | | Delete | CITY-S | | ted in Sec | etion 119 | 0.07 <u>(</u> 3)(i), Fi | orida Statu | ites. I furt | | Change that the i | ☐ Addition | |

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:

SIGNATURE OF SIGNING OF ICER OF DIRECTOR