

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G 69380**

1. Entity Name

**The 135 Collection, Inc.**

01 JUL 13 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**625 NW 110 Ave  
Plantation, FL 33324  
USA**

Mailing Address

**625 NW 110 Ave  
Plantation, FL 33324  
USA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6/19/01-90005-016 \$150.00**

4. FEI Number **59-2331219**

Applied For  
Not Applicable

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

**Safren, Harold  
625 NW 110 Ave  
PLANTATION, FL 33324**

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

**Harold Safren**

**6-10-01**

Signature, typed or printed name of registered agent and date 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 **Sec/Treas/Director** ☐ Delete  
NAME **Safren, Harold**  
STREET ADDRESS **625 NW 110 Ave**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

**Harold Safren**

**6/10/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Document  
= 669380

Attachment  
A0073685

282

**THE 135 COLLECTION, INC.**

HAROLD SAFREN  
625 N.W. 110<sup>TH</sup> AVENUE  
PLANTATION, FLORIDA 33324  
TEL. (954)-236-6896 • FAX (954)-236-5030

June 9, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Administrative Dissolution or Revocation  
G69389  
Federal I.D. # 59-2331219

To Whom It May Concern:

Pursuant to my conversation with a woman named "Ruth" and an another unknown woman - possibly Robin. I am enclosing our check in the amount of \$150.00, dated 6/10/01, # 8733, for our annual Corporate fees. Please accept our sincere apology for not filling this return in a timely manner, but this is the first time that we have received this form. Last year this also happened and we did not receive a form until I called. Please note our new address and telephone number.

We would greatly appreciate it if you would kindly waive any and all penalties resulting from the late payment of the annual fees.

Once again, any and all relief, help or cooperation would be truly appreciated. Thanking you in advance.

Respectfully,



HAROLD SAFREN  
Secretary/Treasurer

Enclosures