

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90909 049 ****70.00

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DOCUMENT # N14902

1. Entity Name

MILITARIA COLLECTORS SOCIETY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 343133
FLORIDA CITY FL 33034
US

PO BOX 343133
FLORIDA CITY FL 33034
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0117155

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

MARQUETTE, RICKIE L.
14481 S.W. 289TH TERRACE
LEISURE CITY FL 33033

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>DV RIZZO, STEVE 1710 S.W. 97 AVE. MIRAMAR FL 33025</p> <p>DT MARQUETTE, RICKIE 14481 SW 289 TERR LEISURE CITY FL</p> <p>D MENDEZ, JOE 1800 N.W. 24 AVE., #609 MIAMI FL</p> <p>D ADDE, TIM 2158 N.E. 183 ST N MIAMI BEACH FL 33179</p> <p>SD JACOBUS, JON 140 N.E. 55TH ST FT. LAUDERDALE FL</p> <p>DP HAMILTON, JOE 530 NW 31ST AVE MIAMI FL 33125</p>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>D OSBORNE, RAYMOND 384 S.W. 17 TERR HOMESBREAD, FL 33030</p>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICKIE L. MARQUETTE 7/26/02 (305) 245-2323

Date

Daytime Phone #

CP2E037 (9/01)