

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000027491

1. Entity Name
 WALL STREET RARE COINS, INC.

Principal Place of Business 10256 SOUTHWEST 47TH STREET SUNRISE FL 33351	Mailing Address 10256 SOUTHWEST 47TH STREET SUNRISE FL 33351
------------------------------------------------------------------------------------	------------------------------------------------------------------------

2. Principal Place of Business 10256 NORTHWEST 47TH STREET	3. Mailing Address 10256 NORTHWEST 47TH STREET
---------------------------------------------------------------	---------------------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State SUNRISE FL	City & State SUNRISE FL
----------------------------	----------------------------

Zip 33351	Country	Zip 33351	Country
--------------	---------	--------------	---------

4. FEI Number 52-1760516	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE

 CORAL GABLES FL 33134 US

7. Name and Address of New Registered Agent

Name
SELIGMAN THOMAS
 Street Address (P.O. Box Number is Not Acceptable)
1112 WESTON ROAD

 City
WESTON FL Zip Code
33326

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 **THOMAS SELIGMAN**

04/09/2001

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SELIGMAN THOMAS 10256 SOUTHWEST 47TH STREET SUNRISE FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SELIGMAN THOMAS 10256 NORTHWEST 47TH STREET SUNRISE FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: **Thomas Seligman**

PSTD **04/09/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)