2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088574

1. Entity Name

COLLECTORS CLEARING HOUSE, INC. Principal Place of Business Mailing Address 1915 HOLLYWOOD BLVD. 1915 HOLLYWOOD BLVD. STE. 100 STE. 100 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address



05-27-2002 90306 018 ***150.00



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Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State A			. FEI Number 65-1040481		-	Applied For Not Applicab
Zip	Country		Zip	Country	5.	. Certificate of Status Desired		\$8.75 A	Additional
	6. Name and Address of	Current Re	gistered Agent	<u>'</u>	7.	Name and Address of New R	egistered A	Agent	
				1	Vame	-		<u> </u>	
ŁEWIS, M	IEI \//M	1		<u> </u>					
				5	Street Address (P.O.	s (P.O. Box Number is Not Acceptable)			
	ystic pt. dr.	1		<u> </u>					
AVENTUR	RA FL 33180								
		1	- 		City	and the second s	FL	Zip Co	ode
8. The above	e named entity submits this stat	ement for th	ne nurpose of changing it	ts registered (office or registered s	agent, or both, in the State of Flo	rido		
	a named annity addition that state	J. 1011011011011	to perpose or energing it	o registered (since of registered a	agent, or both, in the State of the	ilua.		
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SIGNATURE	Signature, typed or printed name of regist	arad spent and	title if explicable (NO	TT: Danista d A					
	Signature, typed or printed frame of regist	ered agent and	ппе в аррікарів. (NO	TE: Registered Ag	ent signature required when	reinstating)	DATE		
9. This corp	oration is eligible to satisfy its Ir	itangible	FILE NOW	III FEE IS	\$150.00				
Tax filing	requirement and elects to do so	o. 🍈 🦯 🔝	After May 1, 20	002 Fee will	l be \$550.00	10. Election Campaign Fin			.00 May Be
(See crite	ria on back)	Z	Make Check Paya	ble to Depa	rtment of State	Trust Fund Contribution	۱. L	J Add	led to Fees
11.	OFFICE	RS AND DIF	ECTORS	12.	Α	L ADDITIONS/CHANGES TO OFFI	CEDS AND	DIDECTO	NDC INL11
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	HOLLYWOOD FL 33020			CITY-ST-	ZIP	1489-1-1	NAME OF THE OWNER		
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NAME	GOLDMAN, ROSALYN	!		NAME					
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13. I hereby certify that the information supplied with this filing does not qualify for the examption 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 indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.