APR-30-03 WED 10:27 AM LAZARUS CORPORATION FAX:3052201

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 05, 2003 8:00 am**
**Secretary of State**
05-05-2003 91794 034 ***150.00

DOCUMENT # P00000101328

1. Entity Name

CUSTOM COLLECTION, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085451 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 _____ DATE

Signature required when executing this document (Florida Department of State regulations)

| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ | **January 1 - May 1 Fee is $150.00**<br>**After May 1, Fee is $550.00**<br>**Amended UBR is $61.25**<br>**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | TITLE<br>NAME<br>STREET ADDRESS<br>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), F.S. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

8011117

#P00001013328

MAY 1ST, 2003

**DEPARTMENT OF STATE**
**DIVISION OF CORPORATIONS**
**Tallahasse, Florida.**

**REF: CUSTOM COLLECTION, INC.**
Document # P00001013328
FEIN: 651085451

Dear sirs:

We are enclosing our payment for the **UNIFORM BUSINESS REPORT** in the amount of $150.00.

Please make the following changes:

**PRINCIPAL AND MAILING ADDRESS CORRECTION**:
3709 S.W. 51 STREET, HOLLYWOOD, FL 33312.

Thank your for your prompt cooperation to this matter.

Sincerely,

DM

DOUGLAS MAVARES