FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 002 ***150.00

DOCUMENT # P01000003628

1. Entity Name

FRIENDS COLLECTOR, INC.

DO NOT WRITE IN THIS SPACE

B0124399

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7925 NW 12TH STREET		7925 NW 12TH STREET	
Suite, Apt. #, etc. SUITE 318		Suite, Apt. #, etc. SUITE 318	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33141	Country USA	Zip 33141	Country USA

4. FEI Number 65-1066933 — 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: LESMA MARTINEZ

Street Address (P.O. Box Number is Not Acceptable): 7925 NW 12TH STREET

SUITE 318

City: MIAMI FL Zip Code: 33141

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
After May 1 Fee Is $550.00
Amended UBR is $61.25
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	PD LESMA MARTINEZ 7925 NW 12TH STREET SUITE 318 MIAMI, FLORIDA 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSE RAFAEL BANDEZ 7925 NW 12TH STREET SUITE 318 MIAMI, FLORIDA 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)