

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90121 033 \*\*\*150.00

DOCUMENT # P01000003628

1. Entity Name

FRIENDS COLLECTOR, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7925 N.W. 12TH STREET

Suite, Apt. #, etc.

SUITE 318

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

3. Mailing Address

7925 N.W. 12TH STREET

Suite, Apt. #, etc.

SUITE 318

City & State

MIAMI, FLORIDA

Zip

33126

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIA M ZAMORA

Street Address (P.O. Box Number is Not Acceptable)

7925 N.W. 12TH STREET

SUITE 318

City

MIAMI

FL

Zip Code

33126

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

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  
MARIA M ZAMORA  
7925 N.W. 12TH STREET SUITE 318  
MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

3/11/3

Date

305-6049265

Daytime Phone #

CR2E034B (12/01)