

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90058 048 \*\*\*150.00

DOCUMENT # P01000034705

1. Entity Name

DIGITAL COIN GRADING SERVICE, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

416 JANETTE SELIGMAN

3. Mailing Address

Suite, Apt. #, etc.

2750 NE 183RD ST APT 1001

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

4. FEI Number

65-1096897

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JANETTE SELIGMAN

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

2750 NE 183RD ST APT 1001

City

NORTH MIAMI BEACH

FL

Zip Code

33160

**DO NOT WRITE  
IN THIS SPACE**

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  
ARTHUR WEINSTEIN-PRES  
1016 BELL VIEW RD  
MCLEAN VA 22102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRES  
JANETTE SELIGMAN  
2750 NE 183 ST #1001  
NMB FL 33160

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:

JANETTE SELIGMAN JANETTE SELIGMAN 4/23/02 X 954-747-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)