

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000070908

FILED
Apr 29, 2003
Secretary of State

Entity Name: STAMPS DEALER COLLECTION WORLD INC.

Current Principal Place of Business:

8307 NW 68 TH STREET
SUITE 4916
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8307 NW 68 TH STREET
SUITE 4916
MIAMI, FL 33166

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORONA, MARITZA
269 N. UNIVERISTY DR.
SUITE J
PEMBROKE PINES, FL 33024

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RESCHIA, FABIAN ALBERTO
Address: 8307 NW 68 TH STREET SUITE # 4916
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: DISANTO, EBE LYDIA
Address: 8307 NW 68 TH STREET SUITE # 4916
City-St-Zip: MIAMI, FL 33166

Title: VPD () Delete
Name: VILLABA, MARIA IRENE
Address: 8307 NW 68 TH STREET SUITE # 4916
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: VILLALBA, MARIA IRENE
Address: 8307 NW 68 TH STREET SUITE # 4916
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RESCHIA FABIAN ALBERTO

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date