

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91784 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000032086		
1. Entity Name AMERICAN RARE COIN, JEWELRY, APPRAISERS, & ESTATE BUYER'S, INC.		
Principal Place of Business 4915 NW 5TH AVENUE BOCA RATON, FL 33432		Mailing Address 4915 NW 5TH AVENUE BOCA RATON, FL 33432
2. Principal Place of Business 219 COMMERCIAL BLVD State, Apt. #, etc.		3. Mailing Address 219 COMMERCIAL BLVD State, Apt. #, etc.
City & State LBTS FLA		City & State LBTS FLA
Zip 33308		Country USA
4. FEI Number		☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KUSZMAR, SANDRA 4915 NW 5TH AVENUE BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name BRIAN KUSZMAR Street Address (P.O. Box Number is Not Acceptable) 219 COMMERCIAL BLVD City LBTS FL Zip Code 33308
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/25/03		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KUSZMAR, SANDRA 4915 NW 5TH AVENUE BOCA RATON, FL 33432 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRIAN KUSZMAR 219 COMMERCIAL BLVD LBTS FLA 33308 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  DATE 4/25/03 954-493-6553		

11041579



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)