

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

FILED

03 NOV 10 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088530

1. Entity Name

NOTRE DAME COLLECTABLES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 3680 Inverrary DR.

Suite, Apt. #, etc.

1L

City & State

Lauderhill FL

Zip

33319

Country

USA

3. Mailing Address

90 3680 Inverrary DR.

Suite, Apt. #, etc.

1L

City & State

Lauderhill, FL

Zip

33319

Country

USA

REINSTATEMENT

03

4. FEI Number

56-2285619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephan Gitaen

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

3680 Inverrary DR. # 1L

City

Lauderhill

FL

Zip Code

33319

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

Signature, typed or printed name of registered agent and wife is applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

P
Stephan Gitaen
3680 Inverrary DR. # 1L
Lauderhill, FL 33319

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100024565631

11/10/03--01068--009 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 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 (12/02)

November 7, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Notre Dame Collectables, Inc. 2003 Annual Report

To Whom It May Concern:

I am writing in reference to the above mentioned corporation. Please be advised that I never received the annual report for calendar year 2003. Accordingly, please find enclosed a check in the amount of \$150.00 to cover the initial filing fee and a completed UBR for 2003. I am respectfully requesting an abatement of any penalties that may have accrued due to this error. Please update my address and make any necessary corrections on my account.

Thank you in advance for your cooperation and understanding in this matter.

Sincerely,



Menage Stephan Gitaen, President