

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90201 040 \*\*\*150.00

DOCUMENT # P94000080313

1. Entity Name

CHAMPIONSHIP SPORTS COLLECTIBLES, INC.

Principal Place of Business

Mailing Address

20860 SAN SIMEON WAY  
APT 301  
N MIAMI BEACH FL 33179  
US

20860 SAN SIMEON WAY  
APT 301  
N MIAMI BEACH FL 33326-3576  
US

817711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

493 Carrington Lane

3. Mailing Address

493 Carrington Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston Florida

City & State

Weston Florida

4. FEI Number

65-0532542

Applied For

Not Applicable

Zip

33326

Country

Broward

Zip

33326

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUBIN, SETH D  
6917 COLLINS AVENUE  
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 **D** ☐ Delete  
NAME **ROSEN, GREG**  
STREET ADDRESS **20860 SAN SIMEON WAY, APT 301**  
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **493 Carrington Lane**  
CITY-ST-ZIP **Weston FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (9/99)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *Greg Rosen* **Greg Rosen**

2/28/00

Date

(954) 217-2208  
(305) 625-4411

Daytime Phone #