FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90107 044 ***150.00

DOCUMENT # P95000008940

1. Entity Name

MMI ART & COLLECTIBLES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8 Greenway Plaza	c/o Metals Resources Group
Suite, Apt. #, etc. Suite 818	Suite, Apt. #, etc. (Services) Ltd. One Parker Plaza
City & State Houston, TX	City & State Fort Lee, NJ
Zip 77046 Country USA	Zip 07024 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2161228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Idland Road

City: Plantation FL Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Director
NAME	Weisfisch, Pnina
STREET ADDRESS	280 North Ocean Blvd.
CITY-ST-ZIP	~~Palm Beach, FL 33480~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice President
NAME	Wayne, Roy A.
STREET ADDRESS	63 Lorna Lane
CITY-ST-ZIP	~~Suffern, NY 10901~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: Roy A. Wayne 4/22/02 (201) 947-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number