

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90069 010 ***150.00

DOCUMENT # P96000092371

1. Entity Name

POLICE AND FIRE COLLECTIBLES, INCORPORATED

Principal Place of Business

Mailing Address

**14120 SOUTH WEST 45TH STREET
 MIAMI FL 33175**

**14120 SOUTH WEST 45TH STREET
 MIAMI FL 33175-3618**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821623

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSTLUND, HOWARD
 14120 SOUTH WEST 45TH STREET
 MIAMI FL 33155**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: **D OSTLUND, HOWARD**
 STREET ADDRESS: **14120 SOUTH WEST 45TH STREET**
 CITY-ST-ZIP: **MIAMI FL 33175**

TITLE: Delete
 NAME: **D OSTLUND, RAYMOND**
 STREET ADDRESS: **14120 SOUTH WEST 45TH STREET**
 CITY-ST-ZIP: **MIAMI FL 33175**

TITLE: Delete
 NAME: **D WOODS, ANN**
 STREET ADDRESS: **14120 SOUTH WEST 45TH STREET**
 CITY-ST-ZIP: **MIAMI FL 33175**

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: Change Addition
 NAME: **P. U.P.A. OSTLUND, HOWARD**
 STREET ADDRESS: **14120 SW 45 ST**
 CITY-ST-ZIP: **MIAMI, FL 33175**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
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 STREET ADDRESS: _____
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TITLE: Change Addition
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TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
 01/27/2000

Date

Daytime Phone #