

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90619 042 ***150.00

DOCUMENT # P96000093793

1. Entity Name
THE COLLECTIBLES, INC.

Principal Place of Business
**1820 HARRISON STREET
 HOLLYWOOD FL 33020**

Mailing Address
~~1410 SW 87TH AVE~~
~~PEMBROKE PINES FL 33025~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11047 Long Boat Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City FL

4. FEI Number **65-0709127**

Applied For
 Not Applicable

Zip

Country

Zip

Country

FL 33026 U.S.A.

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

**PERRONE, CHRIS
 1410 SW 87TH AVE
 PEMBROKE PINES FL 33025**

Name

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

11047 Long Boat Dr

City

Cooper City

FL

Zip Code

33026

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 **Chris Perrone**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.20.02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D PERRONE, CHRIS 1820 HARRISON STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

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

SIGNATURE:

Chris Perrone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.02 954 885 1272

Date

Daytime Phone #