

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049763

1. Entity Name

PC COLLECTIBLES, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90003 013 ***158.75

Principal Place of Business

Mailing Address

5001 MALLARDS PLACE
COCONUT CREEK FL 33073

5001 MALLARDS PLACE
COCONUT CREEK FL 33073-4510

2. Principal Place of Business

6-05 SADDLE RIVER RD.

3. Mailing Address

6-05 SADDLE RIVER RD.

Suite, Apt. #, etc.

PMB # 341

Suite, Apt. #, etc.

PMB # 341

City & State

FAIR LAWN, N.J.

City & State

FAIR LAWN, N.J.

Zip

07410

Country

USA

Zip

07410

Country

USA

6. Name and Address of Current Registered Agent

LUBIN, SETH D
6917 COLLINS AVE
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 ☐ Delete
NAME D
STREET ADDRESS CATELLO, PATRICK
CITY-ST-ZIP 5001 MALLARDS PLACE
COCONUT CREEK FL 33073

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK CATELLO

Date

3/1/00

Daytime Phone #

(201) 261-7677

CR2E034 (9/99)