

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90030 009 ***150.00

DOCUMENT # P97000066185

1. Entity Name

FIRST CITY CURRENCY AND COLLECTABLES, INC.

Principal Place of Business

2730 US 1, SOUTH, STE. I-2
 SOUTHGATE SQUARE
 ST. AUGUSTINE FL 32086

Mailing Address

P.O. DRAWER 1629
 ST. AUGUSTINE FL 32085

2. Principal Place of Business

133 JASMINE RD.

3. Mailing Address

Suite, Apt. #, etc.

ST. AUGUSTINE, FL

City & State

City & State

Zip 32086

Country

Zip

Country

4. FEI Number 59-3440136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AZPIAZU, ROBERTO JR
 2730 US 1 SOUTH, SUITE I-2
 SOUTHGATE SQUARE
 ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name Robert Azpiazu

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

133 JASMINE RD.

City ST. Augustine

FL

Zip Code 32086

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, 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

TITLE P
 NAME AZPIAZU, ROBERTO JR.
 STREET ADDRESS 133 JASMINE ROAD
 CITY-ST-ZIP ST. AUGUSTINE FL 32086

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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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: *Robert Azpiazu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-794-0784

CR2E034 (9/01)