

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90120 042 ***150.00

DOCUMENT # P98000043453

1. Entity Name

COLLECTORS INTERNATIONAL EXCHANGE INC.

Principal Place of Business

Mailing Address

19195 MYSTIC PT DR
#1006
N. MIAMI BCH FL 33180
US

19195 MYSTIC PT DR
#1006
N. MIAMI BCH FL 33180-4506
US

2. Principal Place of Business

3. Mailing Address

1915 Hollywood Blvd

Same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

above

City & State
Hollywood, Florida

City & State

Zip
33020

Country
USA

4. FEI Number

65-0837744

Applied For
Not Applicable

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

GLICKMAN, PHILLIP L
605 IVES DAIRY ROAD 6103
NO MIAMI BEACH FL 33179

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COHEN, ROSALYN
19195 MYSTIC PT DR, #1006
N. MIAMI BCH FL 33180 ☐ Delete

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

TITLE
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CITY-ST-ZIP
V
LEWIS, MELVIN
19195 MYSTIC PT DR, #1006
N. MIAMI BCH FL 33180 ☐ Delete

TITLE
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☐ Change ☐ Addition

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 REQUIRED
ROSALYN COHEN, President

1-10-2000

Date

Daytime Phone #