

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043453

1. Entity Name

COLLECTORS INTERNATIONAL EXCHANGE INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90012 009 ***150.00

Principal Place of Business
1915 HOLLYWOOD BLVD
#100
HOLLYWOOD FL 33020
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1915 Hollywood Blvd
Suite, Apt. #, etc.
#100
City & State
Hollywood Fl.
Zip
33020
Country
USA

3. Mailing Address
1915 Hollywood Blvd
Suite, Apt. #, etc.
STE 100
City & State
Hollywood Fl.
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
GLICKMAN, PHILLIP L
605 IVES DAIRY ROAD 6103
NO MIAMI BEACH FL 33179

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 _____ (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, 2001 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, ROSALYN			NAME			
STREET ADDRESS	19195 MYSTIC PT DR, #1006			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BCH FL 33180			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, MELVIN			NAME			
STREET ADDRESS	19195 MYSTIC PT DR, #1006			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BCH FL 33180			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

4-27-01 954-923-9811
Date Daytime Phone #

CR2E034 (10/00)