2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # P98000059900 1. Entity Name WARREN COLLECTIBLES, INC. 01-27-2001 90085 030 ***150.00 MOUSED Principal Place of Business Mailing Address 4679 NORTH UNIVERSITY DRIVE 4320-NW-3-STREET --CORAL SPRINGS FL 33067 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address DIZIVE 777 NW 123 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0856752 っぴんのこ ORAI Not Applicable Zip Country Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARREN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4320 N W 3RD STREET **COCONUT CREEK FL 33066** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE WARREN RICHARDS ☐ Delete Change ☐ Addition WARREN, RICHARD S NAME 777 NW 123 DEWE STREET ADDRESS **4320 NW 3 STREET** STREET ADDRESS CITY-ST-7IP CORAL SPRINGS FL 33071-4069 COCONUT CREEK FL 33066 CITY-ST-ZIP TITLE Delete TITLE Change WARREN, SHRAH M WARREN, SARAH M NAME NAME 777 NW 123 DRIVE STREET ADDRESS **4320 NW 3 STREET** STREET ADDRESS 33071-4069 CITY-ST-ZIP **COCONUT CREEK FL 33066** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 of 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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR