FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90211 032 ***155.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077576

1. Entity Name: Palm Beach Collectors Society, INC.

10066168

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1855 Griffin Road	1855 Griffin Rd.
Suite, Apt. #, etc.: Suite A 316	Suite, Apt. #, etc.: Dcota, Suite A316
City & State: Dania Beach, Fla.	City & State: Dania Beach, FL.
Zip: 33004 Country: USA	Zip: 33004 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651096108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: Arnold Poliskin
Street Address (P.O. Box Number is Not Acceptable): 1855 Griffin Rd A316
City: Dania Beach **FL** Zip Code: 33004

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: Arnold S. Poliskin [signature] 4-8-03
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.) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	CEO	TITLE	
NAME	Arnold Poliskin	NAME	
STREET ADDRESS	1855 Griffin Rd A316	STREET ADDRESS	
CITY-ST-ZIP	Dania Beach, FL. 33004	CITY-ST-ZIP	
TITLE	Pres - Secy	TITLE	
NAME	Eleanor Miner	NAME	
STREET ADDRESS	1855 Griffin Rd A316	STREET ADDRESS	
CITY-ST-ZIP	Dania Beach, FL. 33004	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-8-03 954-927-6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #