**FILED** 

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 22, 2002 8:00 am Secretary of State DOCUMENT # P98000078775 1. Entity Name B & T COLLECTIBLES, INC. 01-22-2002 90010 007 \*\*\*150.00 Principal Place of Business Mailing Address P.O.: BOX: 700527 P.O. BOX 822 MIAMI FL 33170-0527 BROCKTON MA 02303-0822 2. Principal Place of Business 3. Mailing Address P.O. BOX 4 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE N. Easton, MA 02256000 City & State City & State Applied For 4. FEI Number 59-3538111 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANTWUYVER, TERISA Street Address (P.O. Box Number is Not Acceptable) 14310 SW 232 ST. MIAMI FL:33170 1 City 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, 2002 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 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Change Addition NAME VANTWUYVER, TERISA NAME STREET ADDRESS 14310 SW 232 ST. STREET ADDRESS **MIAMI FL 33170** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.