

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90567 009 ***150.00

DOCUMENT # PA8 0001 00531

1. Entity Name

MIAMI COLLECTABLES LIMITED, WC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

410 E HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

Suite 202

City & State

HALLANDALE BEACH FL

Zip

33009

Country

USA

3. Mailing Address

410 E HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

Suite 202

City & State

HALLANDALE BEACH FL

Zip

33009

Country

USA

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4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LANDAU JENNIFER

Street Address (P.O. Box Number is Not Acceptable)

410 E HALLANDALE BEACH BLVD STE 202

City

HALLANDALE BEACH

FL

Zip Code

33009

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
LANDAU, JENNIFER
410 E HALLANDALE BEACH BLVD STE 202
HALLANDALE BEACH FL 33009

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer Landau Jennifer Landau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

954-347-2511

Day and Phone #

CR2E034R (12/02)