

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91179 013 \*\*\*150.00

DOCUMENT # P 98 000100531

1. Entity Name

MIAMI COLLECTABLES LIMITED,  
INC.



**DO NOT WRITE IN THIS SPACE**

90129888

2. Principal Place of Business

410 E HALLANDALE BEACH BLVD

3. Mailing Address

410 E HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

STE 202

Suite, Apt. #, etc.

STE 202

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

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

**DO NOT WRITE  
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 DPST  
NAME LANDAU JENNIFER  
STREET ADDRESS 410 E HALLANDALE BEACH BLVD STE 202  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 43003 4544589858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)