

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S76598**

1. Entity Name

THE PHILATELIC SOURCE, INC.

Principal Place of Business

**1800 N.E. 114TH STREET
APT. 1103
MIAMI FL 33181**

Mailing Address

**1800 N.E. 114TH STREET
APT. 1103
MIAMI FL 33181**

2. Principal Place of Business

900 NE 125th St.

3. Mailing Address

900 NE 125th St.

Suite, Apt. #, etc.

Suite #210

Suite, Apt. #, etc.

Suite #210

City & State

N. Miami, FL

City & State

N. Miami, FL

Zip

33161

Country

Miami-Dade

Zip

33161

Country

Miami-Dade

4. FEI Number

65-0284458

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LUXENBERG, LAWRENCE
1800 N.E. 114TH STREET
APT. 1103
MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	LUXENBERG, LAWRENCE	
STREET ADDRESS	1800 NE 114TH ST #1103	
CITY-ST-ZIP	MIAMI FL	

TITLE	STD	<input type="checkbox"/> Delete
NAME	LUXENBERG, SAYDE	
STREET ADDRESS	2100 SAN SOUCI BLVD	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luxenberg, Lawrence	
STREET ADDRESS	900 NE 125th St., Ste. #210	
CITY-ST-ZIP	N. Miami, FL 33161	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Luxenberg

Date

4/23/01

Daytime Phone #

305-899-0269

DO NOT WRITE IN THIS SPACE

023087

CR2E034 (10/00)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90065 005 ***150.00