

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # S81777

1. Entity Name

NUMISMATICS UNLIMITED INC.



Principal Place of Business

504 HICKSVILLE ROAD

SUITE 2

MASSAPEQUA, N 11758 US

Mailing Address

2500 NORTH MILITARY TRAIL

SUITE 285

BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



02292004

No Chg-P

CR2E034 (10/03)

4. FEI Number

11-3081807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SAGINOR, CLIFFORD N.

2500 N. MILITARY TRAIL

285

BOCA RATON, FL 33431

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ALLEVA, PHILIP
STREET ADDRESS 57 LINCOLN AVE.
CITY-ST-ZIP MASSAPEQUA, NY 11758

TITLE V
NAME ALLEVA, CARL
STREET ADDRESS 59 CONNECTICUT AVE.
CITY-ST-ZIP MASSAPEQUA, NY 11758

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(f), 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 Block 11 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

Date

Daytime Phone #