

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707865

1. Entity Name

TROPICAL LETTER CARRIERS HOLDING CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90985 027 ****61.25

Principal Place of Business 70 N.E. 39TH ST. MIAMI FL 33137	Mailing Address 70 N.E. 39TH ST. MIAMI FL 33137-3643
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6155070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STONE, DAVID E.
 12555 BISCAYNE BLVD STE 222
 N 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	LUYANDA, SANTOS
STREET ADDRESS	62-327 W 16 AVE
CITY-ST-ZIP	HIALEAH FL 33012
TITLE	VD <input type="checkbox"/> Delete
NAME	NUTTER, BILLIE
STREET ADDRESS	1250 NW 126TH AVE
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	PD <input type="checkbox"/> Delete
NAME	TRAVERS, MARK
STREET ADDRESS	6219 NW 17TH ST
CITY-ST-ZIP	MARGATE FL 33063
TITLE	SD <input type="checkbox"/> Delete
NAME	RODRIGUEZ, JAMER
STREET ADDRESS	12418 N.W. 7 LANE
CITY-ST-ZIP	MIAMI FL 33182
TITLE	TD <input type="checkbox"/> Delete
NAME	GILL, MICHAEL
STREET ADDRESS	18682 SW 93RD COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	MIALE, LAURIE
STREET ADDRESS	7524 HAYES STREET
CITY-ST-ZIP	HOLLYWOOD FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD COLEBROOK
STREET ADDRESS	1777 NW 89 TERRACE
CITY-ST-ZIP	MIAMI FL 33147
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	

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 617, 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: **MICHAEL J GILL** **REQUIRED** **4-28-00** **305 576-0464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)