05/22/02 WED 10:52 FAX 954 761 8475 TRIPP SCOTT

FILED
Jun 20, 2002 8:00 am
Secretary of State
05-29-2002 90736 029 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78424

1. Entity Name
Postal Center Int'l Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

36179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3406 SW 26 Terr	3406 SW 26 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale Fl
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 59-2593670 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOE LICATA

Street Address (P.O. Box Number is Not Acceptable): 3406 SW 26th TERRACE

City: Ft. Lauderdale FL Zip Code: 33312

joe Licata

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: Susan Echarte joe Licata DATE: 6/13/02 ~~5/22/02~~

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Owner	TITLE	
NAME	Arturo Echarte	NAME	
STREET ADDRESS	2760 N. Riverside Dr	STREET ADDRESS	
CITY-ST-ZIP	Indialantic FL 32903	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Susan Echarte	NAME	
STREET ADDRESS	2760 N. Riverside Dr	STREET ADDRESS	
CITY-ST-ZIP	Indialantic FL 32903	CITY-ST-ZIP	
TITLE	President	TITLE	
NAME	Tony Bartolini	NAME	
STREET ADDRESS	1127 N. Hwy A1A #201	STREET ADDRESS	
CITY-ST-ZIP	Indialantic FL 32903	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

~~DO NOT WRITE~~
IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Echarte / Susan Echarte 5/22/02 954-321-5644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number