

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L96000000950**

1. Entity Name  
**GLOBAL MAILBOX EXPRESS, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 26 AM 11:02

Principal Place of Business      Mailing Address  
4440 N.W. 73RD AVE.      PO BOX 522774  
MIAMI FL 33166      MIAMI FL 33152-2274



DO NOT WRITE IN THIS SPACE

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

4. FEI Number      Applied For  
**65-0708096**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CT CORPORATION SYSTEM, INC.  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE      MGR       Delete  
NAME      MAIL BOXES ETC. USA, INC.  
STREET ADDRESS      6060 CORNERSTONE COURT WEST  
CITY-ST-ZIP      SAN DIEGO CA 92121

TITLE      MGR       Change       Addition  
NAME      RED POSTALANDINA, TORRE CENTURIA  
STREET ADDRESS      LOCAL N#2 PB, AV VENEZUELA CON CALLE  
CITY-ST-ZIP      MOHEDANO, URB. EL ROSAL, CARACAS

TITLE      MGR       Delete  
NAME      SKYBOX SERVICES CORPORATION  
STREET ADDRESS      4405 N. W. 73RD AVE.  
CITY-ST-ZIP      MIAMI FL 33166-6400

TITLE      VENEZUELA       Change       Addition  
NAME  
STREET ADDRESS      000003408370--9  
CITY-ST-ZIP      09/20/00 01006 002  
\*\*\*\*\*50.00      \*\*\*\*\*50.00

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
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TITLE       Delete  
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TITLE       Change       Addition  
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CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: REQUIFAX ACCOUNTANT      9/19/00      (858) 455 8852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (5/00)