FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90113 005 ***150.00

DOCUMENT # P95000008932

1. Entity Name PRE & Post Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19575 Biscayne Blvd.	19575 Biscayne Blvd.
Suite, Apt. #, etc. #1499	Suite, Apt. #, etc. #1499
City & State Aventura, FL	City & State Aventura, FL
Zip 33180 Country	Zip 33180 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-329-8259 ☐ 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

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)

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	President
NAME	Nicole Perez
STREET ADDRESS	18735 NE 21st Ave.
CITY-ST-ZIP	North Miami, FL 33179
TITLE	Vice President
NAME	Diane Azout
STREET ADDRESS	3610 Yacht Club Drive
CITY-ST-ZIP	Aventura, FL 33180
TITLE	Secretary
NAME	Celia Zalta
STREET ADDRESS	18801 NE 21st Ave.
CITY-ST-ZIP	North Miami, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: _____ April 9, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #