

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000086459

Entity Name: MAIN POST, INC.

Current Principal Place of Business:

1835 E HALLANDALE BEACH BLVD, STE 163
HALLANDALE, FL 33009

Current Mailing Address:

1835 E HALLANDALE BEACH BLVD, STE 163
HALLANDALE, FL 33009 US

FEI Number: 65-0868803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAININI, IGNACIO
1835 E HALLANDALE BEACH BLVD, STE 163
HALLANDALE, FL 33009 US

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: IGNACIO MAININI

02/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name SVETLIZA, PATRICIA
Address 1835 E HALLANDALE BEACH BLVD,
 STE 163
City-State-Zip: HALLANDALE FL 33009

Title VP OPERATIONS
Name MAININI, IGNACIO
Address 1835 E HALLANDALE BEACH BLVD,
 STE 163
City-State-Zip: HALLANDALE FL 33009

Title SECRETARY
Name SVETLIZA, SUSANA
Address 200 LESLIE DRIVE
 425
City-State-Zip: HALLANDALE FL 33009

Title PRESIDENT
Name MONTARCE, GONZALO
Address 3140 S OCEAN DR
 201
City-State-Zip: HALLANDALE BEACH FL 33009

Title CEO
Name MAININI, DAVID
Address 161 WINDROSE DR
City-State-Zip: ORLANDO FL 32824

Title GENERAL MANNAGER
Name SVETLIZA, LAURA
Address 3140 S OCEAN DR
 APT 201
City-State-Zip: HALLANDALE BEACH FL 33009

Title CCO
Name MAININI, MARTINA
Address 3140 S OCEAN DR
 201
City-State-Zip: HALLANDALE BEACH FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IGNACIO MAININI

VP OPERATIONS

02/10/2020

Electronic Signature of Signing Officer/Director Detail

Date