

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F54058

1. Entity Name

A & B BULK MAILERS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90150 047 ***150.00

Principal Place of Business

Mailing Address

3100 NW 74TH AVE
FL 33122

3100 NW 74TH AVE
MIAMI FL 33122-1226

00003304

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

59-2155113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSROCK, JAMES P.A.
1328 WILEY ST.
SUITE 112
HOLLYWOOD FL 33019-0

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input type="checkbox"/> Delete
NAME	ELKES, MICHAEL D.	
STREET ADDRESS	7530 POLK ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEITZEL, ARNOLD R.	
STREET ADDRESS	2803 S.W. 7TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ELKES, MICHAEL D.	
STREET ADDRESS	7530 POLK ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ALLOY, PHILIP	
STREET ADDRESS	7541 POLK ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption from filing under 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 Block 12 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEASE
SIGN & DATE

Date

Daytime Phone #

CR2E034 (9/99)