

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

09-30-2002 90177 003 \*\*\*150.00

**DOCUMENT # G22420**

1. Entity Name

**DIRECT MAIL EXPERTISE, INC.**

Principal Place of Business

**4915 NW 159TH STREET  
 MIAMI LAKES FL 33014  
 US**

Mailing Address

**4915 NW 159TH STREET  
 MIAMI LAKES FL 33014  
 US**

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

**59-2252648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LENIS, WILLIAM  
 15240 N.W. 60 AVENUE  
 MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name

**JOEL M. GAULKIN, Esq**

Street Address (P.O. Box Number is Not Acceptable)

**4627 AVENUE DE RON J BLVD**

**2nd Floor**

City

**CORAL GABLES**

FL

Zip Code

**33146**

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. I am familiar with, and accept the obligations of registered agent

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **P** ☐ Delete  
 NAME **LENIS, WILLIAM**  
 STREET ADDRESS **4915 NW 159TH ST**  
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **LENIS, MARIA**  
 STREET ADDRESS **4915 NW 159TH ST**  
 CITY-ST-ZIP **MIAMI FL 33014**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*

**DIRECT MAIL EXPERTISE, INC.**

4915 NW 159<sup>TH</sup>. ST. MIAMI, FL., 33014  
(305)621-6245

September 26, 2002

Florida Department of State  
Division of Corporations  
Reinstatement Division  
P.O. Box 6327  
Tallahassee, Fl., 32314

Ref: 2002 Annual Report for Doc.#G22420

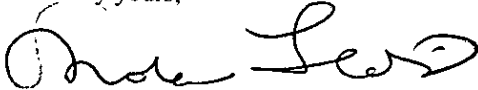
678398

Dear Sir or Madam:

The purpose of this letter is let you know that we never received our initial 2002 Annual Report as normally happened in prior years. We did receive the second 2002 annual report, which is enclosed with a ck. in the amount of \$150.00. We respectfully request that the late filing penalty be waived.

We really appreciate your attention in this matter and thank you in advance for your cooperation.

Sincerely yours,



Maria Lenis  
Vice-president