2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am DÓCUMENT # **J68861** Secretary of State MAILBOX INTERNATIONAL OF PALM BEACH, INC. 05-05-2001 90205 001 ***150.00 05-05-2001 90205 002 *****8.75 Principal Place of Business Mailing Address 292 SOUTH COUNTY ROAD 292 SOUTH COUNTY ROAD PALM BEACH FL 33480 PALM BEACH FL 33480 42140 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2817925 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOODMAN, BENJAMIN Street Address (P.O. Box Number is Not Acceptable) 20090 BOCA W. DR. APT. #331 BOCA RATON FL 33435 City Zip Code F 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (10/00) TITI F Change Addition NAME GOODMAN, BENJAMIN NAME STREET ADDRESS 292 SOUTH COUNTY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this tindicated on this report or supplemental report is true Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the rec

changed, or on an attachmen

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ther like empowered

trustee emportion than address, w