2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am & Secretary of State K24423 DOCUMENT # 1. Entity Name HOLLYWOOD POSTAL AND BUSINESS SERVICES, INC. Mailing Address Principal Place of Business ... % MARK DETARDO % MARK DETARDO HUUYOZZUR 4747 HOLLYWOOD BLVD 4747 HOLLYWOOD BLVD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0104860 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DETARDO, MARK Street Address (P.O. Box Number is Not Acceptable) 4747 HOLLYWOOD BLVD HOLLYWOOD FL 33021 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE DETARDO, MARK NAME NAME STREET ADDRESS 4747 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ■ Addition ☐ Delete TITI F Change TITLE NAME DETARDO, MARGARET NAME STREET ADDRESS 4747 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 indicated on this report or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the corporation or on an attachment with an address, with all other like empowered.