

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16274

1. Entity Name

LETTER CARRIER HOLDING CORPORATION, BRANCH 2689,

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90050 018 ****61.25

Principal Place of Business

1497 GUAVA AVE
MELBOURNE FL 32935
US

Mailing Address

PO BOX 372316
SATELLITE BEACH FL 32937-0316
US

948100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1497 GUAVA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

4. FEI Number

59-6194534

Applied For

Not Applicable

Zip

Country

Zip

Country

32935

US

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

FASHANO, RONALD A.
521 PALMETTO DR.
SPT 202
MELBOURNE FL 32935

Name

MONOPOLI, MICHAEL

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

969 SONESTA AVE NE E 201

City

PALM BAY

FL

Zip Code

32905

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 MICHAEL MONOPOLI

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

Michael Monopoli 4-21-00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MONOPOLI, MICHAEL
STREET ADDRESS 469 SONESTA AVE NE
CITY-ST-ZIP PALM BAY FL 32905

TITLE C ☒ Change ☐ Addition
NAME
STREET ADDRESS 969 SONESTA AVE NE E-201
CITY-ST-ZIP Palm Bay FL 32905

TITLE TR ☐ Delete
NAME LOVETT, JOHN B
STREET ADDRESS 1249 CANNON ST
CITY-ST-ZIP MELBOURNE FL 32935

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

TITLE C ☒ Delete
NAME FASHANO, RONALD A.
STREET ADDRESS 521 PALMETTO DRIVE
CITY-ST-ZIP MELBOURNE FL

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

TITLE S ☐ Delete
NAME PEARSON, GEORGE
STREET ADDRESS 520 SHERIDAN AVENUE
CITY-ST-ZIP SATELLITE BCH FL

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

TITLE D ☐ Delete
NAME SHEEHAN, DANIEL
STREET ADDRESS 811 HUNAN STR NE
CITY-ST-ZIP PALM BAY FL

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

TITLE T ☒ Delete
NAME JOHNSON, GARY R
STREET ADDRESS 2621 WRIGHT AVE
CITY-ST-ZIP MELBOURNE FL

TITLE T ☒ Change ☐ Addition
NAME OATIZ, SIXTO
STREET ADDRESS 2462 FALLON BLVD NE
CITY-ST-ZIP PALM BAY, FL 32907

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MONOPOLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Monopoli 4-21-00

Date

Daytime Phone #

CR2E037 (9/99)