

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90077 045 ****61.25

DOCUMENT # N16274

1. Entity Name

LETTER CARRIER HOLDING CORPORATION, BRANCH 2689,

(Handwritten initials)

Principal Place of Business

Mailing Address

**1497 GUAVA AVE
 MELBOURNE FL 32935
 US**

**1497 GUAVA AVE
 MELBOURNE FL 32935
 US**

U0061756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 120128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST MELBOURNE, FL 3

4. FEI Number

59-6194534

Applied For

Not Applicable

Zip

Country

Zip

Country

32912

U.S.A.

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

MICHAEL MONOPOLI

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

969 SONESTA AVE N.E. E-201

City

PAUM 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 **Michael Monopoli** **President** **8-14-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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

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 **FASHNAO, RONALD A.**
 STREET ADDRESS **521 PALMETTO DRIVE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE **C** ☒ Change ☐ Addition
 NAME **GEORGE PEARSON**
 STREET ADDRESS **520 SHERIDAN AVE.**
 CITY-ST-ZIP **SATELLITE BCH, FL 32137**

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

TITLE **S** ☒ Change ☐ Addition
 NAME **MICHAEL CLARK**
 STREET ADDRESS **550 PRELUDE ST. N.W.**
 CITY-ST-ZIP **PALM BAY, FL 32907**

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 **SHARON OXENDINE**
 STREET ADDRESS **413 FILLMORE AVE N.E.**
 CITY-ST-ZIP **PAUM 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* **Michael Monopoli** **8-14-01** **723-5412**

CR2E037 (5/01)