

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2002 8:00 am
Secretary of State

05-10-2002 90032 035 ****61.25

DOCUMENT # N34209

1. Entity Name

SOUTH FLORIDA POSTAL CUSTOMER COUNCIL, INC.

Principal Place of Business

Mailing Address

P.O. BOX 520594
MIAMI FL 33152-0594

P.O. BOX 520594
MIAMI FL 33152-0594

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

65-0142884

Applied For

Not Applicable

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

REED, SUSAN H
9250 W FLAGLER ST
MIAMI FL 33174

Name

Tom Fleming

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

333 SW 12th Ave

City

Deerfield Beach

FL

Zip Code

33442

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

Tom Fleming

Tom Fleming

4/20/02

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FLEMING, TOM
200 E LAS OLAS BLVD
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same
333 SW 12th Ave
Deerfield Beach FL 33342 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GALVEZ, JESUS
2200 NW 72 AVE
MIAMI FL 33152 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
REED, SUSAN H
9250 W FLAGLER ST
MIAMI FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Busch, Paul
15431 Florence Circle
Fort Lauderdale FL 33306 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CURRY, PAUL
ONE HERALD PLAZA ROOM 227
MIAMI FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same
2630 W. 81st.
Hialeah, FL 33016-2755 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KAGLE, KEN
3405 PINEWALK DR N #109
MARGATE FL 33063 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED Tom Fleming Treasurer 4/20/02 954-425-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)