

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000018262**1. Entity Name
POST CONNECTION, INC.

Principal Place of Business

10131 S.W. 139TH ST.

MIAMI
33176

FL

Mailing Address

10131 S.W. 139TH ST.

MIAMI
33176

FL

2. Principal Place of Business

6555 N. POWRLINE RD

Suite, Apt. #, etc.
303City & State
FT LAUDERDALE

FL

Zip
33309

Country

3. Mailing Address

6555 N. POWERLINE RD

Suite, Apt. #, etc.
303City & State
FT LAUDERDALE

FL

Zip
33309

Country

4. FEI Number

65-0983953

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REINHARD IRV
10131 S.W. 139TH ST.MIAMI
33176

FL

7. Name and Address of New Registered Agent

Name

ROBERTSON JIM

Street Address (P.O. Box Number is Not Acceptable)
6555 N. POWERLINE RD

303

City
FT LAUDERDALE

FL

Zip Code
33309

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 **JIM ROBERTSON**

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON JIM	
STREET ADDRESS	9860 N.W. 25TH ST.	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS WALTER J	
STREET ADDRESS	18341 N.E. 21ST PL.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	REINHARD IRV	
STREET ADDRESS	10131 S.W. 139TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON JIM	
STREET ADDRESS	6334 SQUIREWOOD WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jim Robertson**

VP

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)