

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019000

1. Entity Name

MAIL BOX SAVINGS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90202 049 ***150.00

00054387



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4711 N.W. 79TH AVENUE SUITE #12 L MIAMI FL 33166		Mailing Address 4711 N.W. 79TH AVENUE SUITE #12 L MIAMI FL 33166	
2. Principal Place of Business 4711 NW 79th Ave Suite, Apt. #, etc. # 1A City & State Miami - FL Zip 33166 Country US-A		3. Mailing Address 4711 NW 79th Ave Suite, Apt. #, etc. # 1A City & State Miami - FL Zip 33166 Country US-A	

4. FEI Number 65-0987152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CEDENO, SHIRLEY S 4778 N.W. 107TH AVENUE APT. #201 MIAMI FL 33166	
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7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <u>Soraya Cedeno</u> (NOTE: Registered Agent signature required when reinstating) 04-21-01 DATE	
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CEDENO, SHIRLEY SORAYA 4778 N.W. 107TH AVE. APT. #201 MIAMI FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Soraya Cedeno</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-21-01 305-613-9511 Date Daytime Phone #
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CR2E034 (10/00)