

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90471 032 ***150.00

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1. Entity Name

BEBE'S POSTAGE PACK SHIP AND COURIER COMPANY, INC.



Principal Place of Business

5241 KIM CT.
W. PALM BEACH FL 33415

Mailing Address

5241 KIM CT.
W. PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Post Office Box 18284

Suite, Apt. #, etc.

Post Office Box 18284

City & State

West Palm Beach

City & State

West Palm Beach

Zip

33416

Country

Palm Beach

Zip

33416

Country

Palm Beach

6. Name and Address of Current Registered Agent

MALECKI, PETER J
1209 N. OLIVE AVE.
W. PALM BEACH FL 33401

4. FEI Number

65-0990878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ECHARTE, BELINDA A**
CITY-ST-ZIP **5241 KIM CT.
W. PALM BEACH FL 33415**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ECHARTE, CARLOS F**
CITY-ST-ZIP **5241 KIM CT.
W. PALM BEACH FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 607, 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:

Belinda Echarte

4-6-03

(561) 308-6156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)