

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-21-2002 90897 030 ***150.00

DOCUMENT # P00000057828

1. Entity Name
POST OFFICE, INCORPORATED

Principal Place of Business

**2225 SOUTHWEST 18TH AVE
 MIAMI FL 33145**

Mailing Address

**2225 SOUTHWEST 18TH AVE
 MIAMI FL 33145**

2. Principal Place of Business

**1790 CORAL WAY
 Suite, Apt. #, etc.
 1st Floor**

3. Mailing Address

**1790 CORAL WAY
 Suite, Apt. #, etc.
 1st Floor**

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1022322

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYMES, KEITH ESQ
 1320 SOUTH DIXIE HWY STE 1190
 CORAL GABLES FL 33146-2942**

7. Name and Address of New Registered Agent

**RICARDO J. GARCIA
 Street Address (P.O. Box Number is Not Acceptable)
 1790 CORAL WAY
 1st Floor
 City MIAMI FL Zip Code 33145**

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

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

(NOTE: Registered Agent's signature required when re-stating)

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, 2002 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	C	<input type="checkbox"/> Delete
NAME	SANCHEZ, FAUSTO	
STREET ADDRESS	1790 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GARCIA, RICK	
STREET ADDRESS	1790 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, FAUSTO	
STREET ADDRESS	1790 CORAL WAY 1st Floor	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICARDO J. GARCIA	
STREET ADDRESS	5327 SW 83 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
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:

RICARDO J. GARCIA 02/11/02 3054588810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)