

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90024 039 ***150.00

DOCUMENT # P01000038705

1. Entity Name
MAILCREATIONS.COM INC.

Principal Place of Business
2351 S.W. 92ND PLACE
MIAMI FL 3165

Mailing Address
2351 S.W. 92ND PLACE
MIAMI FL 3165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7200 Corporate Center Dr.

Suite, Apt. #, etc.
Suite 303

City & State
Miami, FL

Zip
33126

Country
USA

3. Mailing Address
7200 Corporate Center Dr.

Suite, Apt. #, etc.
Suite 303

City & State
Miami, FL

Zip
33126

Country
USA

4. FEI Number
65-1102781

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VARGAS, JOSE J
2351 S.W. 92ND PLACE
MIAMI FL 3165

7. Name and Address of New Registered Agent

Name **Jose Vargas**
 Street Address (P.O. Box Number is Not Acceptable)
7200 Corporate Center Dr.
Suite 303
 City **Miami** FL Zip Code **33126**

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 **Jose J. Vargas** President **1-14-02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 **D** ☐ Delete
 NAME **VARGAS, JOSE J**
 STREET ADDRESS **2351 S.W. 92ND PLACE**
 CITY-ST-ZIP **MIAMI FL 3165**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President / Director** ☒ Change ☐ Addition
 NAME **Jose S. Vargas**
 STREET ADDRESS **2351 SW 92 Pl.**
 CITY-ST-ZIP **Miami, FL 33165**

TITLE **CSO / Director** ☐ Change ☒ Addition
 NAME **Christian Rodriguez**
 STREET ADDRESS **7200 Corporate Center Dr. #303**
 CITY-ST-ZIP **Miami, FL 33126**

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

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

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

TITLE ☐ Change ☐ 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:

JOSE J. VARGAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 **305-513-0013**
 Date Daytime Phone #

CR2E034 (9/01)