2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am P93000060898 Secretary of State DOCUMENT # 1. Entity Name 02-03-2002 90030 021 ***150 00 MAIL IT OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 1310 NW 40TH AVE. 1310 NW 40TH AVE LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number -Gity. & State -65-0439277 Not Applicable \$8:75 Additional ---Ζip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AN OREN SULTAN SULTAN, LLOYD Street Address (P.O. Box Number is Not Acceptable) 1310 NW 40TH AVE 311111 1310 NW 40 LAUDERHILL FL 33313 *₹\$\$13* LAUDERHUL 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 (NOTE: Registered Agent signature required when reinstating) ____FILE,NOW!!! FEE IS \$150.00 <----9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change PIPIUMB \chi Delete TITLE TITLE DP ANDREW SULTAN SULTAN, LLOYD NAME NAME 1310 NW 40 AVE STREET ADDRESS 1310 NW 40TH AVE STREET ADDRESS 33313 CITY-ST-ZIP LANDERHILL LAUDERHILL FL CITY-ST-ZIP Addition TITLE Change VTS 🐬 Delete NAME NAME. **SULTAN, LLOYD** STREET ADDRESS STREET ADDRESS 1310 NW 40TH AVE CITY ST ZIP CITY-ST-ZIP LAUDERHILL FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Charles and the NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE grange Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filling 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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