

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90195 042 ***150.00

DOCUMENT # P94000013967

1. Entity Name

AMERICA BY MAIL, INC.

Principal Place of Business

**200 S.E. 15 ROAD, STE. 7 G
 MIAMI FL 33129**

Mailing Address

**200 S.E. 15 ROAD, STE. 7 G
 MIAMI FL 33129**

2. Principal Place of Business

318 Indian Trace

Suite, Apt. #, etc.

330

City & State

Weston, FL

Zip

33326

Country

Broward

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0508750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LINEVSKY, RICHARD B
 200 S.E. 15 ROAD, STE. 7 G
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name

Linevsky, Richard B

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

318 Indian Trace # 330

City

Weston

FL

Zip Code

33326

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

Richard B. Linevsky

(NOTE: Registered Agent signature required when reinstalling)

DATE

1-12-01

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	LINEVSKY, RICHARD B	
STREET ADDRESS	200 S.E. 15 ROAD, STE. 7 G	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LINEVSKY, LESLIE	
STREET ADDRESS	200 S.E. 15 ROAD, STE. 7 G	
CITY-ST-ZIP	MIAMI FL 33129	
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	LINEVSKY, Richard	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 Indian Trace # 330	
STREET ADDRESS	Weston FL 33326	
CITY-ST-ZIP		
TITLE	Linevsky, Leslie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	318 Indian Trace # 330	
STREET ADDRESS	Weston FL 33326	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01 954-859-9005

Date

Daytime Phone #

CR2E034 (10/00)