

DOCUMENT # P95000009956			
1. Entity Name THIRTY-SIX POSTAL PLAZA, INC.			
Principal Place of Business 756 W 49 ST MIAMI BEACH FL 33140		Mailing Address 756 W 49 ST MIAMI BEACH FL 33140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
LOUISE S BAUER 756 WEST 49 STREET MIAMI BEACH FL 33140		Name	
		Street Address ()	
		City	
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		(NOTE: Registered Agent signature required)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUER, LOUISE 756 W 49 ST MIAMI BEACH FL 33140	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE 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 Sec indicated on this report or supplemental report is true and accurate and that my signature shall have the s of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		<i>Louise D. Bauer Louise</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

Daytime Phone #

CR2E034 (10/00)