

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90335 041 ***150.00

DOCUMENT # P95000024499

1. Entity Name

POSTAL SERVICES TODAY, INC.

Principal Place of Business

4410 W 16TH AVE

5

HIALEAH FL 33012

US

Mailing Address

4410 W 16 AVE

5

HIALEAH FL 33012

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0569455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIENER, MARVIN I

2121 PONCE DE LEON BLVD.

SUITE 900

CORAL GABLES FL 33134

Name **PEDRO GOICOURIA**

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

4410 WEST 16 AVE #5

City **HIALEAH**

FL

Zip Code **33012**

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 signature required when reinstating)

DATE

OWNER/DIRECTOR PEDRO GOICOURIA

4/9/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GOICOURIA, PEDRO**
CITY-ST-ZIP **10010 N.W. 9TH ST. CIRCLE APT. 103 MIAMI FL 33172**

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

PEDRO GOICOURIA, DIRECTOR

4/9/02 305821 8898

Date

Daytime Phone #

CR2E034 (9/01)