

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054054

1. Entity Name

NATIONAL MAILBOX CO.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90051 022 ***150.00

Principal Place of Business

2240 SW 34 ST.
FT. LAUDERDALE FL 33312

Mailing Address

2240 SW 34 ST.
FT. LAUDERDALE FL 33312

2. Principal Place of Business

2351 SW 34 ST

3. Mailing Address

4839 SW 140 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

505

City & State

DANIA, FL

City & State

DAVIE, FL

Zip

33312

Country

USA

Zip

33330

Country

USA

4. FEI Number

65-0603570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUPPERMAN, DAVID
6871 N. FEDERAL HWY., STE. 302
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name KUPPERMAN, DAVID, ESQ.

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

5359 SW 34 34 TERRACE

City HOLLYWOOD

FL

Zip Code 33312

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

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	D	<input type="checkbox"/> Delete
NAME	CORSETTI, ANDREW	
STREET ADDRESS	2240 SW 34 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATTO, RON JR.	
STREET ADDRESS	2240 SW 34 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSETTI, ANDREW	
STREET ADDRESS	4839 SW 140 AVE.	
CITY-ST-ZIP	DAVIE, FL 33330	
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:

ANDREW CORSETTI - PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

954-792-6245

Daytime Phone #

CR2E034 (10/00)