

# 2000 UNIFORM BUSINESS REPORT (UBR)

pg 192

0229019

DOCUMENT # P96000078302

1. Entity Name

MAILINK, INC.

FILED

00 JUL 14 AM 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4201 AURORA ST SUITE 32485 CORAL GABLES FL 33140 US	Mailing Address 4201 AURORA ST SUITE 32465 CORAL GABLES FL 33140-1024 US
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2. Principal Place of Business 4915 NW 159th	3. Mailing Address Same
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Suite, Apt. #, etc. Miami, Florida	Suite, Apt. #, etc.
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City & State Miami, Florida	City & State
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Zip 33014	Country DADE	Zip V.S.A.	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0715579	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
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7. Name and Address of New Registered Agent
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SOMMERKAMP, ALBERTO R 4201 AURORA ST CORAL GABLES FL 33146
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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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, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOMMERKAMP, ALBERTO R 4201 AURORA ST CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCCA, VERONICA 4201 AURORA ST CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 601, 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: <i>[Signature]</i>	Date April 24 2000	Daytime Phone #
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CR2E034 (9/99)



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(305) 448-0076 Fax  
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June 16, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. 1500  
Tallahassee, FL 32302-1500

**Re: Document #P966000078302**

Dear Sir/Madam:

Enclosed please find the executed document referenced. Also, please find our check #30060 in the amount of \$150.00, payable to the Department of State.

Please note that the form was submitted for processing with the check on April 24<sup>th</sup>; however, the postal service returned it to us this week with a notice of Attempted Not Known.

Thank you for your attention to this urgent matter.

Sincerely,

Alberto Rocca Sommerkamp  
President

ARS/lrd