

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90040 001 ***300.00

DOCUMENT # P96000091751

1. Entity Name

PAK MAIL OF JACARANDA, INC.

Principal Place of Business

965 N NOBHILL RD
 PLANTATION FL 33324
 US

Mailing Address

965 N NOBHILL RD
 PLANTATION FL 33324-1078
 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

65-0707783

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

FREEMAN, JOAN E
140 SW 69TH TERR
PEMBROKE PINES FL 33023

Name

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

7701-5 South Aragon Blvd

City

Sunrise

FL

Zip Code

33322

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 *Joan Freeman*

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, 2000 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 **PD**
 STREET ADDRESS **FREEMAN, ALAN**
 CITY-ST-ZIP **140 SW 69TH TERR**
PEMBROKE PINES FL 33023

TITLE ☒ Change ☐ Addition
 NAME **7701-5 South Aragon Blvd**
 STREET ADDRESS **Sunrise, FL 33322**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **FREEMAN, JOAN E**
 CITY-ST-ZIP **140 SW 69TH TERR**
PEMBROKE PINES FL 33023

TITLE ☒ Change ☐ Addition
 NAME **7701-5 South Aragon Blvd**
 STREET ADDRESS **Sunrise, FL 33322**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Joan Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joan Freeman 4076954382 1428

13939



DO NOT WRITE IN THIS SPACE