

# 2001 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 91184 043 \*\*\*150.00  
P98000016926

DOCUMENT # P98000016926

1. Entity Name  
POSTAL CENTER PLUS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 12 PM 12:59

00070027

Principal Place of Business Mailing Address  
8209 N. PINE ISLAND RD. 8209 N. PINE ISLAND RD.  
TAMARAC, FL. 33321 TAMARAC, FL. 33321

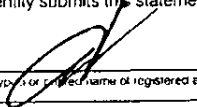
2. Principal Place of Business 3. Mailing Address  
8209 N. PINE ISLAND RD. 8209 N. PINE ISLAND RD.  
Suite, Apt. # etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
TAMARAC, FL. TAMARAC, FL. 65-0813269 Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
33321 USA 33321 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
POSTAL CENTER PLUS, INC. Name  
EMILIO VICTOR GOFFI  
8209 N. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable)  
TAMARAC, FL. 33321 833 VISTA MEADOWS DR.  
City Zip Code  
WESTON FL 33326

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  4/26/01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ FILE NOW! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00  
(See criteria on back) 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 the 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:  4/26/01 (954) 726-4001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

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