

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90037 013 ***150.00

DOCUMENT # P98000086459

1. Entity Name

Main Post, INC.

Principal Place of Business

Mailing Address

19390 Collins Ave
 Suite 522
 N.M.B., FL 33160
 U.S.

19390 Collins Ave
 Suite 522
 N.M.B., FL 33160
 U.S.

2. Principal Place of Business

3. Mailing Address

250-174 Street
 Suite, Apt. #, etc.
 Ste # 1801
 City & State

250-174 Street
 Suite, Apt. #, etc.
 Ste # 1801
 City & State

Sunny Isles, FL
 Zip Country

Sunny Isles, FL
 Zip Country

33160 U.S.

33160 U.S.

4. FEI Number

65-0868803

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

658737

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Carlos E. Garcia CPA
 11430 N Kendall Dr Ste 225
 Miami, FL 33176

Name

Carlos E. Garcia, CPA

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

4995 NW 72 Ave Ste #206

City Miami

FL

Zip Code 33166

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD ☐ Delete
 NAME Mainini, Ignacio E
 STREET ADDRESS 19390 Collins Ave Ste 522
 CITY-ST-ZIP N.M.B., FL 33160

TITLE PTSD ☒ Change ☐ Addition
 NAME Mainini, Ignacio E
 STREET ADDRESS 250-174 Street Ste 1801
 CITY-ST-ZIP Sunny Isles, FL 33160

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01

305 555-9888

CR2E034 (11/00)