## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000002821** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name AMERICAN MAIL DEPOT, INC. 04-11-2000 90216 025 \*\*\*150.00 Principal Place of Business Mailing Address 102 NE 2ND STREET #167 102 NE 2ND STREET #167 **BOCA RATON FL 33432 BOCA RATON FL 33432-3908** 3. Mailing Address 2. Principal Place of Business DU SOL 1746 1746 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State OUR RATON Day RATION 65-0886114 Not Applicable Country\_ プ 33y3v 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRANT PREDERICK TILLEM, SCOTT E (P.O. Box Number is Not Acceptable) 10 FAIRWAY DRIVE SUITE 219 DEERFIELD BEACH FL 33441 8. The above named entity subplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FACOLAICK SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTSD TITLE ☐ Delete TITLE Change Addition KURTZROCK, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 102 NE 2ND STREET #167 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition TITLE Change ☐ Delete KURTZROCK, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 102 NE 2ND STREET #167 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33432** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR