2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900017662

1. Entity Name

A1 INTERNATIONAL POSTAL CENTER, INC.

FILED
Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90097 027 ***150.00

| Principal Place of Business 3699 NW-7TH-STREET #203 MIAMI-EL 33126 | | | Mailing Address 3899-MW-7TH-STREET #203 MIAMI-FL-33126 | | | | | 1/48/JEB 1/8 (B)(8 (B)(8 | i bb iri bb iri bb iri bb | 181 41 8 11 4 8918 9 211 | I Rijfs jiër resj |
|--|--|----------------|--|-------------|----------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|---|-------------------|
| 0 D-i | Discouring of the second | | | | | | ί | | | | |
| 2. Principal Place of Business 1140 NE 163RD STREET Suite, Apt. #, etc. SUITE 20 | | | 3. Mailing Address 1140 NE 163RD STREET Suite, Apt. #, etc. SUITE 20 | | | | -, | _ | HERE IF MAKI | | |
| City & State N. MIAM (BEACH , FL | | | City & State N. MIAMI BEACH, FL | | | | 4. F | 4. FEI Number 65-0914650 Applied Fo | | | |
| 33162 | Country | Zip | | | ountry | | 5. (| Certificate of Status De | esired | \$8.75 Ad | |
| 2016 | 6. Name and Address of Current F | legister | ed Agent ~ | | 2 rl | === | 7 N | lame and Address o | New Registere | Fee Require d Agent | ea <u></u> |
| URIBE, JU 1140 NE | JAN M 163RD STREET | | Name Street Address | | | | (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 20 | | | | | | | | | | | |
| NORTH MIAMI BEACH FL 33162 | | | | | City | | | | F | Zip Coc | le |
| 8. The above | permed entity submits this statement for flow of registered agent. | the purp | oose of changing | its regist | ered office or | registered | l age | ent, or both, in the Sta | te of Florida. I a | n familiar with, | and accept |
| SIGNATURE | | ian. | M. Uxibe | | | | | | 0.1.11 | -03 | |
| JANATORE | Signature, typed or printed name of registered agent ar | d title if app | plicable. (N | OTE: Regist | ered Agent signati | ure required wh | nen rei | nslating) | DATE | | |
| 4/ | THE NOW!!! FEE IS \$150.00 | | | | <u></u> | | | 9. Election Camp | aign Financing | \$5.0 | 0 May Be |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S | | | | | | | | Trust Fund Cor | | | d to Fees |
| 10. | OFFICERS AND E | IRECTO | | | 1. | | ADI | DITIONS/CHANGES | O OFFICERS A | | |
| TITLE NAME | URIBE, JUAN M | | ☐ Delete | | itle Ame | PDURIB | €. | ZUAN M | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 1140 NE 164TH STREET, SUITE # NORTH MIAMI BEACH FL 33162 | 20 | *** | | TREET ADDRESS | 1140 | .NJ | E 163RD S | STREET, FL 3316 | Suite 2 2 | ٥ |
| TITLE NAME | | | ☐ Delete | | TLE Ame | | | • | | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | <u>.</u> | , SI | TREET ADDRESS | | | | | V | |
| TITLE | | | Delete | ٠ | TLE - | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | | AME Ireet address | | | | | | |
| CITY-ST-ZIP | | | | | TY-ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | τı | TLE | | - | | | ☐ Change | Addition |
| name Street address | , | | | | REET ADDRESS | | | | | | : |
| CITY-ST-ZIP | | | | | TY-ST-ZIP | | | | | | |
| TITLE | | ,, , | ☐ Delete | | TLE | · · · · · · · · · · · · · · · · · · · | | 11. | · · · · · · · · · · · · · · · · · · · | ☐ Change | Addition |
| NAME Street address | | | | | AME REET ADDRESS | | | | , | | ĺ |
| CITY-ST-ZIP | | | | | TY-ST-ZIP | | | | | | |
| TITLE | 7 | | ☐ Delete | | TLE | | | */ | | ☐ Change | Addition |
| NAME STREET ADDRESS | <i>!</i> | | | | ime Reet address | | | | | | |
| CITY-ST-ZIP | | | | | TY-ST-ZIP | | | | | | |
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2. 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 10 or Block 11 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

01.15-03

305-944-803

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