2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000048721 May 09, 2000 8:00 am Secretary of State 1. Entity Name PAK MAIL OF PGA. INC. 04-06-2000 90027 015 ***150.00 Mailing Address Principal Place of Business 3452 WEST BOYNTON BEACH BOULEVARD 3452 WEST BOYNTON BEACH BOULEVARD SUITE 10 BOYNTON BEACH FL 33436-4633 **BOYNTON BEACH FL 33436** 2. Principal Place of Business Mailing Address GOKEX ACCT. SER INC 7100-39 FAIRWAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 3452 W. BOYNTON BCH BLVD STEW 4. FEI Number Applied For City & State HALM BEAL 65-092/626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ú SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both n the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILË NOW!!! FEE IS \$150.00 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 12. 11. Addition TITLE TITLE Delete REX, RAYMOND R JR. NAME NAME 3452 WEST BOYNTON BEACH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP SVD ☐ Change ☐ Addition TITLE De ete MCCABE, EDWARD NAME NAME 3452 WEST BOYNTON BEACH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** TD - - Change - Addition TITI F TITLE REX. RAYMOND R JR NAME NAME 3452 WEST BOYNTON BEACH BOULEVARD STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP DIRECTOR ☐ Change **Addition** Delete TITLE TITLE NAME MCCAGE DONNA NAME 3452 W. BAYNTON BCH BLNT STEIG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE

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 lf changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

ING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIG

*\$1328*822