

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90251 035 ***150.00

DOCUMENT # **P99000066129**

1. Entity Name

MAILFLOW TECHNOLOGIES, INC.



Principal Place of Business

14062 NW 82ND AVENUE

MIAMI FL 33016

Miami Lakes

Mailing Address

14062 NW 82ND AVENUE

MIAMI FL 33016

Miami Lakes

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

90002366



6. Name and Address of Current Registered Agent

WAGANHEIM, ARTHUR B

14062 NW 82 AVENUE

MIAMI FL 33015

Miami Lakes FL 33016

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|---|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D NGUYEN, PETER 140623 NW 82 AVENUE MIAMI FL 33016 <i>Miami Lakes</i> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D WAGANHEIM, ARTHUR B 14062 NW 82 AVENUE MIAMI FL 33016 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D PUJOL, EMERITO 14062 NW 82 AVENUE MIAMI FL 33016 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | D WERNIKOFF, IRA K 14062 NW 82 AVENUE MIAMI FL 33016 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

12. 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 another life empowered.

SIGNATURE:

SIGNATURE REQUIRED
Art Waganheim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 (505) 826-9446

Date

Daytime Phone #

CR2E034 (10/02)