

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093055

1. Entity Name

P.O. BOX AMERICAN INC.

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90010 002 \*\*\*150.00

Principal Place of Business

7370 N.W. 36TH ST. #325-I  
MIAMI FL 33166

Mailing Address

7370 N.W. 36TH ST. #325-I  
MIAMI FL 33166-6738

2. Principal Place of Business

1448 N.W 78 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State  
MIAMI FLORIDA

City & State

4. FEI Number

65-0985090

Applied For

Not Applicable

Zip  
33126

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOL, FERNANDO  
7370 N.W. 36TH ST. #325-I  
MIAMI FL 33166

Name

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

1448 N.W 78 AVE

City MIAMI

FL

Zip Code 33126

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D MONDOZA, LUIS ENRIQUE 8360 N.W. 8TH ST. APT #10 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERO, CIPRIANO ALI 1305 ST. TROPEZ CIRCLE #2014 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOL, FERNANDO 14624 S.W. 95TH LANE MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SOL, FERNANDO

4/20/2000

Date

305-591-7393

Daytime Phone #

CR2E034 (9/99)