

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09688

1. Entity Name

THE MAIL SHOP A.M.S., INC.

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90319 041 ***150.00

Principal Place of Business

2501 N.W. 17TH LANE
SUITE A
POMPANO BEACH FL 33065
US

Mailing Address

2501 N.W. 17TH LANE
SUITE A
POMPANO BEACH FL 33065
US

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 65-0229762

Applied For

Not Applicable

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

NOONAN, JAMES T., JR.
2501 N.W. 17TH LANE
SUITE A
POMPANO BEACH FL 33064

Name

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

City

FL

Zip Code

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, 2001 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	PSD PTD	<input type="checkbox"/> Delete
NAME	NOONAN, JAMES T., JR.	
STREET ADDRESS	546 NW 105 DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VTD VD	<input type="checkbox"/> Delete
NAME	GIORLANDO, VINCE L	
STREET ADDRESS	1991 NE 35 ST 1548 N.E. 37 ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33308 FT. LAUD. FL 33334	
TITLE	FONNE GIORLANDO S	<input type="checkbox"/> Delete
NAME	1548 N.E. 37 ST.	
STREET ADDRESS	FT. LAUD. FL 33334	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

228-01 954-984-2082

CR2E034 (10/00)