

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-06-2003 90008 046 ***150.00

DOCUMENT # S97797

1. Entity Name

POSTAL CENTER CARIBBEAN, INC.



Principal Place of Business

775 STERLING CHASE DR.
PORT ORANGE FL 32124

Mailing Address

775 STERLING CHASE DR.
PORT ORANGE FL 32124

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

59-3094897

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FERNANDEZ, JAVIER
4512 ALDER DR.
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name Javier Fernandez

Street Address (P.O. Box Number is Not Acceptable)
775 Sterling Chase Dr.

City Port Orange FL Zip Code 32128

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

TITLE DPT ☐ Delete
NAME FERNANDEZ, JAVIER
STREET ADDRESS 775 STERLING CHASE DR.
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE DVS ☒ Delete
NAME FERNANDEZ, PATRICIA
STREET ADDRESS 775 STERLING CHASE DR.
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice-President ☒ Change ☐ Addition
NAME Javier Fernandez
STREET ADDRESS 775 Sterling Chase Dr.
CITY-ST-ZIP Port Orange, FL 32128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President/Secretary ☐ Change ☒ Addition
NAME Remigio Fernandez
STREET ADDRESS Casique 2169, Urb. Santa Teresita
CITY-ST-ZIP Santurce, PR 00913

TITLE Treasurer ☐ Change ☒ Addition
NAME Raul Echante
STREET ADDRESS 6400 Caballero Blvd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Fernandez 1/3/02 (386) 761-0846

Date

Daytime Phone #

CR2E034 (10/02)