

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73156

1. Entity Name

POSTAL CENTRE OF FORT LAUDERDALE, INC.

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90098 012 ***150.00

Principal Place of Business 1729 E. COMMERCIAL BLVD FT LAUDERDALE FL 33334 US	Mailing Address 1729 E COMMERCIAL BLVD FT LAUDERDALE FL 33334 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0368666	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHOEMAKER, RICHARD L
~~2050 EAST OAKLAND PARK BLVD. #202~~
~~FORT LAUDERDALE FL 33306~~

7. Name and Address of New Registered Agent

Name
RICHARD L. SHOEMAKER P.A.
Street Address (P.O. Box Not Acceptable)
612 NE 28th Street
Wilton Manors FL 33305-1208

City FL Zip Code

Address Change Only!

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BERNSTEIN, NANCY E. 7182 WOODMONT WAY TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nancy Bernstein DATE: 4/27/01 DAYTIME PHONE #: 954 771 5088

CR2E034 (10/00)