

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90096 027 ****61.25

DOCUMENT # N94000000285

1. Entity Name

AMERICAN POSTAL OWNERS, INC.

Principal Place of Business

Mailing Address

**3111 UNIVERSITY DR.
 SUITE 605
 CORAL SPRINGS FL 33065**

**3111 UNIVERSITY DR.
 SUITE 605
 CORAL SPRINGS FL 33065-5060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0464093

Applied For

Not Applicable

Zip

Country

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

**BAKALAR, MARVIN
 12734 NW 18TH COURT
 CORAL SPGS FL 33071**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BAKALAR, MARVIN**
 STREET ADDRESS **12734 NW 18TH COURT**
 CITY-ST-ZIP **CORAL SPGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **D** Delete
 NAME **BAKALAR, BIANCA**
 STREET ADDRESS **12734 NW 18TH COURT**
 CITY-ST-ZIP **CORAL SPGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Coral Springs FL 33071**

TITLE **D** Delete
 NAME **MAGDOVITZ, LAWRENCE**
 STREET ADDRESS **112 EAST SECOND STREET**
 CITY-ST-ZIP **CLARKSDALE MS 38614**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **BAKALAR, JEREMY**
 STREET ADDRESS **12734 NW 18TH COURT**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 617, 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:

Marvin Bakalar
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 954-344-7080
 Date Daytime Phone #

CR2E037 (9/99)