2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F37956

1. Entity Name
UNITED OIL PACKERS INCORPORATED

Principal Place of Business	Mailing Address
3200 N.W. 125TH STREET MIAMI, FL 33167	3200 N.W. 125TH STREET MIAMI, FL 33167

DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2133127
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMERSMITH, MINDA
3200 N.W. 125TH STREET
MIAMI, FL 33167

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000111407
04/13/04-80015-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMERSMITH, CHERYL
STREET ADDRESS	3200 N.W. 125 ST.
CITY-ST-ZIP	MIAMI, FL 33167,
TITLE	PD
NAME	HAMERSMITH, HENRY
STREET ADDRESS	3200 N.W. 125TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	HAMERSMITH, STEVEN
STREET ADDRESS	3200 N.W. 125TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	CD
NAME	HAMERSMITH, JOYCE
STREET ADDRESS	3200 N.W. 125TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	HAMERSMITH, MINDA
STREET ADDRESS	3200 NW 125TH ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/09/04 (305)6876457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #