

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90107 031 ***158.75

DOCUMENT # P94000082273

1. Entity Name

SOLAR PACKAGING CORP.

Principal Place of Business

Mailing Address

4950 N. W. 165 ST.
 MIAMI FL 33014
 US

4950 N.W. 165 ST.
 MIAMI FL 33014-6323
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0558228

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORNBUSCH, JAIME
4920 N.W. 165TH STREET
MIAMI LAKES FL 33014

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HANKS, ROBERT	
STREET ADDRESS	ONE BOSTON PALCE, SUITE 2100	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DORNBUSCH, JAIME	
STREET ADDRESS	4920 N.W. 165TH STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33104	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GARAZI, EDWARD	
STREET ADDRESS	4920 N.W. 165TH STREET	
CITY-ST-ZIP	MIAMI LAKES FL 33104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACLEAN, RICHARD T	
STREET ADDRESS	2530 NATIONSBANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	VT	<input type="checkbox"/> Delete
NAME	LUNDGREN, ROBERT	
STREET ADDRESS	14545 SW 79 COURT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYERS, RUSSELL R	
STREET ADDRESS	300 NORTH GREENE STREET, SUITE 2100	
CITY-ST-ZIP	GREENSBORO, NC 27401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, STEVEN	
STREET ADDRESS	270 CONGRESS STREET	
CITY-ST-ZIP	BOSTON, MA 02210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Robert Lundgren **ROBERT LUNDGREN**

1/21/00 (305) 621-5551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #