

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90308 028 \*\*\*158.75

**DOCUMENT #** P99000027317  
**1. Entity Name**  
**C & M PACKAGING, INC.**

**Principal Place of Business**      **Mailing Address**  
 5111 S.W. 201 Terrace      5111 S.W. 201 Terrace  
 Suite 200      Suite 200  
 FT. LAUDERDALE, FL. 33332-      FT. LAUDERDALE, FL. 33332-

**2. Principal Place of Business**      **3. Mailing Address**  
 5111 S.W. 201 Terrace      5111 S.W. 201 Terrace

**Suite, Apt. #, etc**  
 Suite 200      Suite 200

DO NOT WRITE IN THIS SPACE

**City & State**  
 FT. LAUDERDALE, FL.      FT. LAUDERDALE, FL.

**4. FEI Number**      **Applied For**  
 65-0926731       Not Applicable

**Zip**      **Country**  
 33332-1087      u.s.a.

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

**6. Name and Address of Current Registered Agent**  
**GOLD, MARC J. ESQ.**  
 3111 UNIVERSITY DRIVE  
 SUITE 312  
 CORAL SPRINGS, FL. 33065

**7. Name and Address of New Registered Agent**  
**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** \_\_\_\_\_ (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**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D/c
STREET ADDRESS	DALE O. BOYER
CITY-ST-ZIP	5111 S.W. 201 Terrace
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FT. LAUDERDALE, FL. 33332-1087
STREET ADDRESS	V/S/T/D
CITY-ST-ZIP	JANET A. BOYER
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5111 S.W. 201 Terrace
STREET ADDRESS	FT. LAUDERDALE, FL. 33332-1087
CITY-ST-ZIP	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

**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:** *Dale O Boyer*      **4/26/00**      **954-680-4210**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #