

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09525

1. Entity Name

UNITED PAPER, CORP.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90020 042 ***150.00

Principal Place of Business

600 NE 36 ST.
MIAMI FL 33137

Mailing Address

600 NE 36 ST
#2014
MIAMI FL 33137-3944
US

2. Principal Place of Business

7302 NW 107 PL

Suite, Apt. #, etc.

3. Mailing Address

7302 NW 107 PL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0318546

Applied For

Not Applicable

Zip

33178

Country

U.S.

Zip

33178

Country

U.S.

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

VILLACRECES, MANUEL
600 NE 36 ST.
#2014
MIAMI FL 33137

Name

MANUEL VILLACRECES

Street Address (P.O. Box Number is Not Acceptable)

7302 NW 107 PL.

City

MIAMI

FL

Zip Code

33178

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD VILLACRECES, MANUEL 600 NE 36 ST #2014 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EUCARIS, SCOTT 600 NE 36 ST #2014 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORRES, JUAN CARLOS 600 NE 36 ST #2014 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, SONIA 600 NE 36 ST #2014 MIAMI FL 33137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLACRECES, JOSE M 600 NE 36 ST #2014 MIAMI FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGOVIA, JOSE 600 NE 36 ST #2014 MIAMI FL 33137	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VILLACRECES, MANUEL 7302 NW 107 PL MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, EUCARIS 7302 NW 107 PL MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, JUAN CARLOS 7302 NW 107 PL MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCOTT, SONIA 7302 NW 107 PL MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1-014 (9/99)