

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248266

1. Entity Name
RUSKIN PACKAGING INC

Principal Place of Business

910 NW 22ND ST
MIAMI FL 33127

Mailing Address

910 NW 22ND ST
MIAMI FL 33127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0932444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, ANDREW
910 N.W. 22ND ST.
MIAMI FL 33127

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

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, 2002 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 P
NAME GARCIA, ANDREW JR
STREET ADDRESS 910 NW 22ND ST.
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE VP
NAME GARCIA, RAMON
STREET ADDRESS 910 NW 22ND ST
CITY-ST-ZIP MIAMI FL 33127 ☒ Delete

TITLE S
NAME GARICA, ANDREA JO
STREET ADDRESS 910 NW 22ND ST
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE VP
NAME ANDREW, GARCIA III
STREET ADDRESS 910 NW 22ND STREET
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE T
NAME GARCIA, CATHERINE M
STREET ADDRESS 910 NW 22ND ST
CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90034 007 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)